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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22024** (6)

1. Corporation Name

GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business	Mailing Address
% LORENE BRIDGES 1282 PAUL RUSSELL RD. TALLAHASSEE FL 32301	% LORENE BRIDGES 1282 PAUL RUSSELL RD. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified	08/13/1987
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4. FEI Number	65-0137875	Applied For	
		Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRIDGES, LORENE W 1282 PAUL RUSSELL RD TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name KAREN WORDELL-SMITH
82 Street Address (P.O. Box Number is Not Acceptable) 1282 PAUL RUSSELL RD.
83
84 City TALLAHASSEE FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Karen WordeLL-Smith* 3/18/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BYER, PAUL A 2915 PALM AIRE DRIVE NORTH POMPANO BEACH FL	1.1 TITLE	PD MARIANNE ARBULU 700 W. HILLSBORO BLVD, STE 204 DEERFIELD BEACH, FL.
NAME	ARBULU, MARIANNE	1.2 NAME	DAVID LEVINE
STREET ADDRESS	700 W HILLSBORO BLVD, STE 204	1.3 STREET ADDRESS	6190 N.W. 11th ST.
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL.
TITLE	VPD FROMM, MITCHELL L	2.1 TITLE	TREAS. DIRECTOR
NAME	6043 KIMBERLY BLVD, STE H	2.2 NAME	RANDY MOTOOKA
STREET ADDRESS	N LAUDERDALE FL	2.3 STREET ADDRESS	6530 S.W. 58th CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33314
TITLE	SD CRUISE, PAM	3.1 TITLE	SEC. DIRECTOR
NAME	700 W HILLSBORO BLVD, STE 204	3.2 NAME	JAMES GARDNER
STREET ADDRESS	DEERFIELD BEACH FL	3.3 STREET ADDRESS	6555 N. POWERLINE RD. #114
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309
TITLE	TD EISENMAN, ADAM	4.1 TITLE	PAST PRES. DIRECTOR
NAME	500 S PINE ISLAND RD, STE 500	4.2 NAME	PAUL A. BYER
STREET ADDRESS	PLANTATION FL	4.3 STREET ADDRESS	2915 PALM AIRE DR. NO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marianne Arbulu* 3/16/98 954-420-0060

CR2E037 (10/97)