

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State OFFICE OF CORPORATIONS
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APPROVED
AND
FILED
MAY - 1 1995

DOCUMENT # **N24873 (4)**

1. Corporation Name

GOLD COAST MAKO OWNER'S CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O NICK AUMEN 501 N LAKESIDE DR LAKEWORTH FL 33460 US	Mailing Address C/O NICK AUMEN 501 N LAKESIDE DR LAKEWORTH FL 33460 US
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DO NOT WRITE IN THIS SPACE

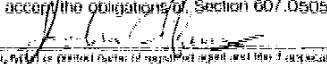
2. Principal Place of Business 21 C/O John Adams Suite, Apt. #, etc. 22 284 Marginal Rd City & State 23 West Palm Beach FL Zip 33411 Country US	2a. Mailing Address 26 C/O John Adams Suite, Apt. #, etc. 27 284 Marginal Rd City & State 28 West Palm Beach FL Zip 33411 Country US
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3. Date Incorporated or Qualified 02/17/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0116259	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent SCOTT, KYLE 961 DOLPHIN CT JUPITER FL 33458	
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10. Name and Address of New Registered Agent	
81 Name John Adams	
82 Street Address (P.O. Box Number is Not Acceptable) 284 Marginal Rd	
83	
84 City West Palm Beach	85 Zip Code FL 33411

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 607.0505, Florida Statutes.

SIGNATURE  DATE **4-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME ADAMS, JOHN	1.1 TITLE P, D	☒ Change ☐ Addition
STREET ADDRESS 284 MARGINAL RD		1.2 NAME	
CITY, ST, ZIP WEST PALM BEACH FL		1.3 STREET ADDRESS	
TITLE P	NAME AUMEN, NICK	2.1 TITLE S	☒ Change ☐ Addition
STREET ADDRESS 501 N LAKESIDE A		2.2 NAME	
CITY, ST, ZIP LAKE WORTH FL		2.3 STREET ADDRESS	
TITLE E	NAME AUMEN, ADRIAN	3.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS 501 N LAKESIDE DR		3.2 NAME	
CITY, ST, ZIP LAKE WORTH FL		3.3 STREET ADDRESS	
TITLE T	NAME SCOTT, KYLE	4.1 TITLE T, D	☒ Change ☐ Addition
STREET ADDRESS 961 DOLPHIN CT		4.2 NAME Linda Matos	
CITY, ST, ZIP JUPITER FL		4.3 STREET ADDRESS PO Box 3225	
TITLE S	NAME CROOKS, JOAN	4.4 CITY, ST, ZIP Tallahassee, FL 33469	
STREET ADDRESS 447 WOODSIDE DR		5.1 TITLE VP, D	☒ Change ☐ Addition
CITY, ST, ZIP WEST PALM BEACH FL		5.2 NAME Roger Moore	
TITLE	NAME	5.3 STREET ADDRESS 812 Jupiter Dr	
STREET ADDRESS		5.4 CITY, ST, ZIP North Palm Beach, FL 33408	
CITY, ST, ZIP		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:  DATE **4-28-95** (305) 971-2733