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APPROVED AND FILED

1995 S-1-95 B-65688 C

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 PM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24873 (4)

1. Corporation Name

GOLD COAST MAKO OWNER'S CLUB, INC.

Principal Place of Business	Mailing Address
C/O NICK AUMEN 501 N LAKESIDE DR LAKEWORTH FL 33460 US	C/O NICK AUMEN 501 N LAKESIDE DR LAKEWORTH FL 33460 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 c/o John Adams	26 c/o John Adams
Suite, Apt. #, etc. 22 284 Marginal Rd	Suite, Apt. #, etc. 27 284 Marginal Rd
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach FL
Zip 24 33411	Country 25 USA
Zip 29 33411	Country 30 USA

9. Name and Address of Current Registered Agent

SCOTT, KYLE
961 DOLPHIN CT
JUPITER FL 33458

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 FL 85 Zip Code: 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: [signature] 4-28-95
Signature of new or printed name of registered agent and the 7 character (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	P, SD	☒ Change ☐ Addition
NAME	ADAMS, JOHN	12 NAME		
STREET ADDRESS	284 MARGINAL RD	13 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP		
TITLE	P	21 TITLE	S	☒ Change ☐ Addition
NAME	AUMEN, NICK	22 NAME		
STREET ADDRESS	501 N LAKESIDE A	23 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	24 CITY ST ZIP		
TITLE	E	31 TITLE		☒ Change ☐ Addition
NAME	AUMEN, ADRIAN	32 NAME		
STREET ADDRESS	501 N LAKESIDE DR	33 STREET ADDRESS	DELETE	
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP		
TITLE	T	41 TITLE	T, D	☒ Change ☐ Addition
NAME	SCOTT, KYLE	42 NAME	Linda Mates	
STREET ADDRESS	961 DOLPHIN CT	43 STREET ADDRESS	PO Box 3225	
CITY ST ZIP	JUPITER FL	44 CITY ST ZIP	Tequesta, FL 33469	
TITLE	S	51 TITLE	VP, D	☒ Change ☐ Addition
NAME	CROOKS, JOAN	52 NAME	Roger Moore	
STREET ADDRESS	447 WOODSIDE DR	53 STREET ADDRESS	812 Juniper Dr	
CITY ST ZIP	WES PALM BEACH FL	54 CITY ST ZIP	North Palm Beach, FL 33408	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(k), 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: [signature] Roger Moore 4-28-95 (305) 971 2733
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR FILED OR DIRECTOR Date Daytime Phone #

0090734