FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N25051 (6)

1. Corporation Name

EXXON ANNUITANT CLUB OF THE GOLD COAST, INC.

Principal Place of Business	Mailing Address
3821 NE 17TH AVE FT LAUDERDALE FL 33334 US	3430 SALT OCEAN DR 209 FT LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified: 02/26/1988
3a. Date of Last Report: 02/08/1995

4. FEI Number: 59-2352193 ☐ 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

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 3198 N.E. 7TH Drive	26 1015 N.W. 6th Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Boca Raton FL.	28 Boca Raton FL.
24 Zip 33431 25 Country U.S.A.	29 Zip 33486-3455 30 Country U.S.A.

9. Name and Address of Current Registered Agent

MORGAN, PAUL
3430 SALT OCEAN DR
APT. 209
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Bertram H. Holmes
82 Street Address (P.O. Box Number is Not Acceptable): 1015 N.W. 6th Terrace
83
84 City: Boca Raton FL 85 Zip Code: 33486-3455

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, 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 617.0503, Florida Statutes.

SIGNATURE: Bertram H. Holmes - Treas. - Director — 2/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD D	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DUNN, FRANK		1.2 NAME	Thomas Gemmell	
STREET ADDRESS	3821 NE 17TH AVE		1.3 STREET ADDRESS	3198 N.E. 7th Drive	
CITY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP	Boca Raton - FL - 33431	
TITLE	VPD SD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	HENDRICKS, BERNARD		2.2 NAME	James J. Smith	
STREET ADDRESS	6201 NW 66TH PL		2.3 STREET ADDRESS	1236 Hillsboro Mile - Apt 503	
CITY-ST-ZIP	PARKLAND FL 33067		2.4 CITY-ST-ZIP	Hillsboro Beach - FL - 33062	
TITLE	SD D	☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	ZOBAL, DORIS George		3.2 NAME	Bertram H. Holmes	
STREET ADDRESS	5915 PARKWALK CIRCLE W		3.3 STREET ADDRESS	1015 N.W. 6th Terrace	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP	Boca Raton - FL - 33486-3455	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MORGAN, PAUL E		4.2 NAME	Eleanor Powers	
STREET ADDRESS	3430 SALT OCEAN DR, #209		4.3 STREET ADDRESS	401 S.W. 7th Ave.	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	Boca Raton - FL - 33486	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SUBREVILLE, LOUISE		5.2 NAME	Henry Loud	
STREET ADDRESS	3141 NW 47TH TERRACE, #327		5.3 STREET ADDRESS	460 N.W. 17th St. - Apt 10x	
CITY-ST-ZIP	LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP	Boca Raton - FL - 33487	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DIXON, ROD		6.2 NAME	Eugene C. Magee	
STREET ADDRESS	851 SW 5TH AVE		6.3 STREET ADDRESS	6261 N.E. 20th Terrace	
CITY-ST-ZIP	POMPANO BCH FL		6.4 CITY-ST-ZIP	Ft. Lauderdale - FL - 33308	

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: Bertram H. Holmes - Treas - Director — 2/6/96 — (407) 395-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)