

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29170 (0)**  
1. Corporation Name  
**GOLD COAST CLIPPER DEVELOPERS GROUP, INC.**



Principal Place of Business <b>P O BOX 810785 BOCA RATON FL 33481-0785</b>	Mailing Address <b>P O BOX 810785 BOCA RATON FL 33481-0785</b>
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3. Date Incorporated or Qualified <b>11/07/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>65-0091703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ARCHER, HOWARD  
6921 NW 4TH PL.  
MARGATE FL 33063**

**10. Name and Address of New Registered Agent**

81 Name <b>Thomas R McKay</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>430 NE 37 Street</b>
83
84 City <b>Boca Raton</b>
85 Zip Code <b>FL 33431</b>

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 *Thomas R McKay* **Thomas R McKay, Treasurer** **6-8-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALDEN, TOM	
STREET ADDRESS	12980 SW 133 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, ROY	
STREET ADDRESS	19266 CAROLINE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCKAY, TOM	
STREET ADDRESS	430 NE 37 ST.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CLAYTON	
STREET ADDRESS	2800 GEOGIAN AVE D-19	
CITY-ST-ZIP	W PALM BCH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHALSKI, JOHN	
STREET ADDRESS	8251 NW 67 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALDEN, TOM	
1.3 STREET ADDRESS	1942 NW 97 AVE	
1.4 CITY-ST-ZIP	coral springs FL 33071	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHALSKI, JOHN	
2.3 STREET ADDRESS	8251 NW 67 AVE	
2.4 CITY-ST-ZIP	TAMARAC FL 33321	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)