SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:17

DOCUMENT # N32050 (9)

1. Corporation Name

GOLD COAST EXECUTIVE NETWORK, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR., 228 #600 FT. LAUDERDALE FL 33304 US	1040 BAYVIEW DR., 228 #600 FT. LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1989
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0141973 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CASORIA, S.M. III
1040 BAYVIEW DR.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BARONE-BRYAN DENISE	12 NAME		
STREET ADDRESS	700 E SUNRISE BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		XX Change ☐ Addition
NAME	[illegible]	22 NAME	Burgio, Jr., Michael C.	
STREET ADDRESS	1040 BAYVIEW DR #600	23 STREET ADDRESS	#600, 1040 Bayview Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CASORIA JANE	32 NAME		
STREET ADDRESS	1040 BAVIEW DR #600	33 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		XX Change ☐ Addition
NAME	[illegible]	42 NAME	Slatko, Gary	
STREET ADDRESS	1040 BAYVIEW DR #600	43 STREET ADDRESS	#600, 1040 Bayview Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	XX Change ☐ Addition
TITLE	T	51 TITLE		
NAME	[illegible]	52 NAME	Anderson, Beth	
STREET ADDRESS	1040 BAYVIEW DR #600	53 STREET ADDRESS	#600, 1040 Bayview Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	D	61 TITLE	D	☐ Change XX Addition
NAME	GILBERT LEWIS	62 NAME	Casoria, III, S. M.	
STREET ADDRESS	1040 BAYVIEW DR #600	63 STREET ADDRESS	#600, 1040 Bayview Drive	
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	

CR2E037 (3/95)

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)(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: S. M. Casoria, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95
Date

(305) 564-4600
Daytime Phone #

0000600