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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32050

1. Corporation Name
GOLD COAST EXECUTIVE NETWORK, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/02/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0141973 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	~~VD~~	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	~~CASE, ROBERT A~~		1.2 NAME	Case, Robert A.	
STREET ADDRESS	~~2611 E. OAKLAND PARK BLVD.~~		1.3 STREET ADDRESS	2611 E. Oakland Park Blvd.	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~		1.4 CITY-ST-ZIP	~~Ft. Lauderdale, FL~~	
TITLE	~~D~~	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	~~BURGIO, MICHAEL C JR.~~		2.2 NAME	Nichols, Roger	
STREET ADDRESS	~~1040 BAYVIEW DR #600~~		2.3 STREET ADDRESS	11937 S. W. 12 Ct.	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		2.4 CITY-ST-ZIP	Davie, FL 33325	
TITLE	~~P~~	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	~~CASORIA, JANE~~		3.2 NAME	~~Fike, C. M.~~	
STREET ADDRESS	~~1040 BAVIEW DR #600~~		3.3 STREET ADDRESS	1401 W. Cypress Creek Road	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		3.4 CITY-ST-ZIP	~~Ft. Laud., FL 33309~~	
TITLE	~~D~~	☐ DELETE	4.1 TITLE	Treas.	☐ Change ☒ Addition
NAME	~~CASORIA, S.M. I~~		4.2 NAME	Casoria, S. M.	
STREET ADDRESS	~~1040 BAYVIEW DR #600~~		4.3 STREET ADDRESS	1040 Bayview Drive, #600	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, LEWIS		5.2 NAME		
STREET ADDRESS	1040 BAYVIEW DR #600		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Messana, C. A.	
STREET ADDRESS			6.3 STREET ADDRESS	600 Tennis Club Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Laud., FL 33311	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #