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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N41791

(7)

1. Corporation Name

GOLD COAST SNOW SKIERS, INC.



Principal Place of Business

Mailing Address

C/O DAVID EICH
739 MIDDLE RIVER DR.
FT. LAUDERDALE FL 33304
US

GOLD COAST SNOW SKIERS
PO BOX 10961
POMPANO BEACH FL 33061

3. Date Incorporated or Qualified

01/24/1991

4. FEI Number

65-0246647

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EICH, DAVID
739 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304

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

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
NAME LORI GENK
STREET ADDRESS 10758 NW 5 ST.
CITY-ST-ZIP PLANTATION FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME EICH, DAVID
STREET ADDRESS 739 MIDDLE RIVER DR
CITY-ST-ZIP BOCA RATON FL 33304

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ARLENE, LYNNE
STREET ADDRESS 832 DOVER ST.
CITY-ST-ZIP BOCA RATON FL 33482

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME POLLOWAY, EUNICE
STREET ADDRESS 8036 S OAKLAND FORREST DR.
CITY-ST-ZIP OAKLAND PARK FL 33309

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JAN RESMINI
STREET ADDRESS 2445 N. 37 AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33024

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

1.24-98 954.741.3114

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