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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 25, 1999 8:00 am
Secretary of State
04-25-1999 90041 003 ****61.25

DOCUMENT # N41791

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

2. Principal Place of Business 21 2445 North 37th Ave Suite, Apt. #, etc. 22 City & State 23 Hollywood FL Zip / Country 24 33021 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualified 01/24/1991 4. FEI Number 65-0246647 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Ken Resmini
82 Street Address (P.O. Box Number is Not Acceptable): 2445 North 37th Ave
83
84 City: Hollywood FL 85 Zip Code: 33021

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] Ken Resmini 4/20/99
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	☐ DELETE	1.1 TITLE	~~President~~ PD	☐ Change ☐ Addition
NAME	LORI GENK		1.2 NAME	David Eich	
STREET ADDRESS	10758 NW 5 ST.		1.3 STREET ADDRESS	739 Middle River Drive	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	TD	☐ DELETE	2.1 TITLE	~~Treasurer~~ TD	☐ Change ☑ Addition
NAME	EICH, DAVID		2.2 NAME	Ken Resmini	
STREET ADDRESS	739 MIDDLE RIVER DR		2.3 STREET ADDRESS	2445 North 37th Ave	
CITY-ST-ZIP	BOCA RATON FL 33304		2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	RESMINI, JAN		3.2 NAME	Jan Resmini	
STREET ADDRESS	2445 N. 37TH AVENUE		3.3 STREET ADDRESS	2445 N. 37th Avenue	
CITY-ST-ZIP	HOLLYWOOD FL 33024		3.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (1/1/98)

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~~ Ken Resmini 4/20/99 (954)962-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #