


FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90008 012 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000082					
1. Corporation Name GOLD COAST THERAPEUTIC RECREATION ASSOCIATION, I NC.					
Principal Place of Business % RECREATION THERAPY DEPARTMENT - 001R 1201 N.W. 16TH STREET MIAMI FL 33125 US			Mailing Address % RECREATION THERAPY DEPARTMENT - 001R 1201 N.W. 16TH STREET MIAMI FL 33125 US		



2. Principal Place of Business 21 % GCTRA President Suite, Apt. #, etc. 22 15595 SW 77TH Terrace #24 City & State 23 Miami, FL Zip 24 33193		2a. Mailing Address 26 % GCTRA President Suite, Apt. #, etc. 27 15595 SW 77TH Terrace #24 City & State 28 Miami, FL Zip 29 33193		3. Date Incorporated or Qualified 10/28/1992	
4. FEI Number 65-0241887		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent PROW, MARSHA 2496 NW 87TH LANE SUNRISE FL 33322				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			
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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 *Marsha Prow* DATE 8/15/99
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMEO, KATHY			1.2 NAME	Camacho, Alex		
STREET ADDRESS	4737 WEYMOUTH STREET			1.3 STREET ADDRESS	15595 SW 77th Terrace #24		
CITY-ST-ZIP	LAKE WORTH FL 33463			1.4 CITY-ST-ZIP	Miami, FL 33193		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROW, MARSHA			2.2 NAME			
STREET ADDRESS	2496 N.W. 87TH LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDENBERG, RACHAEL			3.2 NAME	Katz, Robyn		
STREET ADDRESS	8700 S.W. 133 AVENUE RD., #206			3.3 STREET ADDRESS	8200 Clearview Boulevard #2015		
CITY-ST-ZIP	MIAMI FL 33183			3.4 CITY-ST-ZIP	Plantation, FL 33324		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, NELSON			4.2 NAME			
STREET ADDRESS	13872 S.W. 285 STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33033			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Marsha Prow* DATE 8/15/99 954-742-8186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR