

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000001029 (7)**

1. Corporation Name

**THE GOLD COAST CHAPTER OF THE ASSOCIATION FOR INFORMATION AND IMAGE MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

1365 MEMORIAL DR.  
ROOM 144  
CORAL GABLES FL 33124-4220

1365 MEMORIAL DR.  
ROOM 144  
CORAL GABLES FL 33124-4220

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N MAGNOLIA STREET  
TALLAHASSEE FL 32301**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
STEIN, MELAURA  
760 NW 107 AVE SUITE 310  
MIAMI FL 33172-3155

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
DONAT, ROBERT  
14505 COMMERCE WAY SUITE 800  
MIAMI LAKES FL 33016

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
ROBINSON, FREDDIE L  
1365 MEMORIAL DR  
CORAL GABLES FL 33124

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
KRESSLY, NICOLE  
255 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
PORTER, GARY  
2240 SW 70 AVE  
DAVIE FL 33317

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHAVER, ELLEN B  
315 EAST ROBINSON ST.  
ORLANDO FL 32801

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

**NICOLE MARTIN  
2100 PARK CENTRAL BLVD. NORTH  
POMPANO BEACH, FL 33064**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**

Date

**(305) 284-6257**

Daytime Phone #

CR2E037 (12/95)