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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

1365 MEMORIAL DR.
ROOM 144
CORAL GABLES FL 33124



3. Date Incorporated or Qualified
02/25/1994

3a. Date of Last Report
01/24/1996

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

4. FEI Number

65-0404038

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETE
NAME **MARTIN, NICOLE**
STREET ADDRESS **2100 PARK CENTRAL BLVD. NORTH**
CITY - ST - ZIP **POMPANO BEACH FL**

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

TITLE **DP** ☐ DELETE
NAME **PORTER, GARY**
STREET ADDRESS **2240 SW 70 AVE**
CITY - ST - ZIP **DAVE FL 33317**

4.1 TITLE **DT** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do 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:

Sandra B. Mortham - President

1/7/97

(305) 284-6257

CR2E037 (9/96)