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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33124-4220
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3. Date Incorporated or Qualified

02/25/1994

4. FEI Number

65-0404038

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

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	<input type="checkbox"/> DELETE
NAME	STEIN, MELAURA	
STREET ADDRESS	760 NW 107 AVE SUITE 310	
CITY - ST - ZIP	MIAMI FL 33172-3155	

1.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROBINSON, FREDDIE L	
STREET ADDRESS	1365 MEMORIAL DR	
CITY - ST - ZIP	CORAL GABLES FL	

2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, NICOLE	
STREET ADDRESS	2100 PARK CENTRAL BLVD. NORTH	
CITY - ST - ZIP	POMPANO BEACH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, GARY	
STREET ADDRESS	2240 SW 70 AVE	
CITY - ST - ZIP	DAVE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

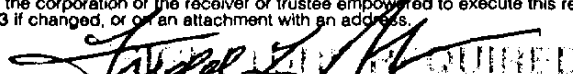
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARK GILSON	
5.3 STREET ADDRESS	6954 N.W. 12 ST.	
5.4 CITY - ST - ZIP	MIAMI, FL 33186	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: 

1/23/98

CR2E037 (1097)