


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004378 (3)**
1. Corporation Name

GOLD COAST CODA, INC.

Principal Place of Business 4541 CATAMARAN CIRCLE BOYNTON BEACH FL 33436	Mailing Address 4541 CATAMARAN CIRCLE BOYNTON BEACH FL 33436
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2. Principal Place of Business 21 6278 N Federal Hwy Suite, Apt. #, etc. 22 Suite 237 City & State 23 Fort Lauderdale FL Zip 24 33308	2a. Mailing Address 25 6278 N Federal Hwy Suite, Apt. #, etc. 27 Suite 237 City & State 28 Fort Lauderdale FL Zip 29 33308
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3. Date Incorporated or Qualified 08/20/1996	4. FEI Number 31-1486987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**GOLDFARB, HYMAN
4541 CATAMARAN CIRCLE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent	81 Name Victoria Meredith
	82 Street Address (P.O. Box Number is Not Acceptable) 6278 N Federal Hwy
	83 Suite Suite 237
	84 City Fort Lauderdale
	85 Zip Code FL 33308

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	PVST
NAME	GOLDFARB, HYMAN
STREET ADDRESS	4541 CATAMARAN CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL 33436
TITLE	TO
NAME	MEREDITH, VICTORIA
STREET ADDRESS	6278 N. FEDERAL HWY
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	VALDEZ, MARIA
STREET ADDRESS	6661 NW 24TH ST
CITY - ST - ZIP	SUNRISE FL
TITLE	SD
NAME	BISHOP, SHERRY
STREET ADDRESS	211 SW 66TH AVE
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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:

SIGNATURE REQUIRED

4/26/98 954/576-6004

CR037 (1097)