


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90128 045 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000005440</b>					
<b>1. Corporation Name</b> <b>GOLD COAST MUSIC PROGRAMS, INC.</b>					
<b>Principal Place of Business</b> <b>5646 SARAZEN DRIVE</b> <b>WEST PALM BEACH FL 33413</b>			<b>Mailing Address</b> <b>5646 SARAZEN DRIVE</b> <b>WEST PALM BEACH FL 33413</b>		

3 7 3 4 2 4  
 373424-90055-49



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>09/18/1998</b>	
<b>4. FEI Number</b> <b>125-0862706</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. Trust Fund Contribution</b> <input type="checkbox"/>		<b>8. Name and Address of Current Registered Agent</b> <b>ARISTIL, PIERRE</b> <b>5646 SARAZEN DRIVE</b> <b>WEST PALM BEACH FL 33413</b>	
<b>9. Name and Address of New Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>		<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>35</b> 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 '2	
TITLE	P	1.1 TITLE	"T"
NAME	ARISTIL, PIERRE	1.2 NAME	ROSE LOUSSAINT
STREET ADDRESS	5646 SARAZEN DRIVE	1.3 STREET ADDRESS	2935 DONALD RD
CITY-ST-ZIP	WEST PALM BEACH FL 33413	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	S	2.1 TITLE	"T"
NAME	ARISTIL, REBECCA	2.2 NAME	SIOLANGE ARISTIL
STREET ADDRESS	5646 SARAZEN DRIVE	2.3 STREET ADDRESS	5646 SARAZEN DR
CITY-ST-ZIP	WEST PALM BEACH FL 33413	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	T	3.1 TITLE	
NAME	MICHEL, MARLETTE F	3.2 NAME	
STREET ADDRESS	5646 SARAZEN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PAUL MENARD Timothee	4.2 NAME	
STREET ADDRESS	1721 Broadman Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	WPR FL 33407	4.4 CITY-ST-ZIP	
TITLE	"D"	5.1 TITLE	
NAME	JEAN CLAUDE CHARLES	5.2 NAME	
STREET ADDRESS	1752 14th Ave South Apt 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth FL 33460	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 charged for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature of Pierre Aristil*  
**PIERRE ARISTIL** 2/11/99 561-684-1893

Date

Daytime Phone #

CR2E037 (1/98)