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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005753

1. Corporation Name
THE ASSOCIATION OF CENTRAL GULF COAST ATTRACTION S, INC.

Principal Place of Business 3701 BAYSHORE RD. SARASOTA FL 34234	Mailing Address 3701 BAYSHORE RD. SARASOTA FL 34234
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-086 8012
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RINALDI, ROSE 3701 BAYSHORE RD. SARASOTA FL 34234		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 *Rose Rinaldi, Board of Directors* DATE 5-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Board of Directors
STREET ADDRESS		1.3 STREET ADDRESS	BEN TAROFF
CITY-ST-ZIP		1.4 CITY-ST-ZIP	25 N. Pineapple Ave SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Board of Directors
STREET ADDRESS		2.3 STREET ADDRESS	ROSE RINALDI
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3701 Bayshore Rd SARASOTA, FL 34234
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Board of Directors
STREET ADDRESS		3.3 STREET ADDRESS	Virginia Haley
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1600 Ken Thompson Pkwy SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	SHEILA CHALMERS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	25 N. Pineapple Ave SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Board of Directors
STREET ADDRESS		5.3 STREET ADDRESS	GALE ADKINS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	811 S. Palm Ave SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Board of Dir -
STREET ADDRESS		6.3 STREET ADDRESS	Allison Roberts
CITY-ST-ZIP		6.4 CITY-ST-ZIP	201 10th St. W. Bradenton FL 34205

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, with all other like empowered.

SIGNATURE: *Rose Rinaldi* DATE May 1, 1999 DAYTIME PHONE # 355-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)