

$(\$165 (97) + \$150 (98) + \$150 (99)) = \465.00
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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99 JUN -9 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997-1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 95000097105

1. Corporation Name
Gold Coast Marketing Inc.

Principal Place of Business
**5088 NW 119th Terrace
 Coral Springs, FL 33076**

Mailing Address
**5088 NW 119th Terrace
 Coral Springs, FL 33076**

2. Principal Place of Business
 21. **5088 NW 119th Terrace**
 Suite, Apt. #, etc.
 22. City & State
Coral Springs
 23. Zip
FL 33076
 24. Country
FL

2a. Mailing Address
 26. **5088 NW 119th Terrace**
 Suite, Apt. #, etc.
 27. City & State
Coral Springs
 28. Zip
FL 33076
 29. Country
FL

9. Name and Address of Current Registered Agent
**Jeffrey Bishop
 5088 NW 119th Terrace
 Coral Springs, FL 33076**

81. Name
Jeffrey Bishop
 82. Street Address (P.O. Box Number is Not Acceptable)
5088 NW 119th Terrace
 83. City
Coral Springs
 84. State
FL
 85. Zip Code
33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/95

4. FEI Number
65-0629043

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/25/99**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

1. TITLE
Jeffrey Bishop - Pres [] DELETE

2. NAME
Jeffrey Bishop

3. STREET ADDRESS
5088 NW 119th Terrace

4. CITY-ST-ZIP
Coral Springs, FL 33076

5. TITLE
Christine Bishop - VP [] DELETE

6. NAME
Christine Bishop

7. STREET ADDRESS
5088 NW 119th Terrace

8. CITY-ST-ZIP
Coral Springs, FL 33076

9. TITLE [] DELETE

10. NAME [] DELETE

11. STREET ADDRESS [] DELETE

12. CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP [] Change [] Addition

5. TITLE [] Change [] Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP [] Change [] Addition

9. TITLE [] Change [] Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

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 *****465.00 *****465.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 23 if changed, or on a checkmark with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: **5/26/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)