May 06, 1999 8:00 am Secretary of State

05-06-1999 90055 035 ***150.00

Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S67133

1. Corporation Name

GOLD COAST PROFESSIONAL SCHOOLS, INC.

	lace of Business	Mailing Address								
	KLAND PARK BLVD DALE FL 33311	2700 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311				DO NOT WRIT	TE INI TUIC CD	ACE		
					2 Date Is	ncorporated or Qualifed	IE IN THIS SE	TOL		
					1 **	5/1991				
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Nu	mber		A	Applied For	
21		26			65-02	<u> </u>			lot Applicable	
$\overline{}$	Apt. #, etc.	Suite, Apt. #, etc.				ate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			V '	n Campaign Financing und Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip 30	Count	ry] "	orporation owes the currently Tax.		jible] Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
			8	1 1	Name		-			
Greer, James D			L	1	(DO D	N. beste Net Assente	.hla\			
27	700 W OAKLAND PARK BLVD		82 Street Addr			Number is Not Accepta	ible)			
#35			8	3						
FT LAUDERDALE FL 33311				4 0	City		FL	85 Ziç	Code	
office agent.	ant to the provisions of Sections 607.05 or registered agent, or both, in the Stat I am familiar with, and accept the oblig	e of Florida. Such change was autho	orized b	v inc	amed corporation submi e corporation's board of o	ts this statement for the directors. I hereby accep	purpose of cha t the appointm	anging i ient as	ts registered registered	
SIGNATUR	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE: Reg	gistered Ag	jent siç	nature required when reinstating)		DATE			
12.					ADDITIO	ONS/CHANGES TO OF	FICERS AND I	DIRECT		
TITLE	V	☐ DELETE] Change	Additio	
NAME	AME GREER, JOHN L.			•						

2152 NW 37TH AVE 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE GREER, JAMES D. 2.2 NAME NAME 444<u>5-100 52</u>10 52 2.3 STREET ADDRESS STREET ADDRESS COCONUT CREEK FI 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TTTLE

5.2 NAME

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP C/TY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an assectment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

CR2E034 (11/98)

☐ Addition

☐ Addition

☐ Addition

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