

FILE NOW: FILING FEE IS \$61.25

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90056 008 ****61.25

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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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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 10/06/1998	4. FEI Number 65-0868012	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.	23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	25. Zip Country	28. Zip Country	29. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent RINALDI, ROSE 3701 BAYSHORE RD. SARASOTA FL 34234		10. Name and Address of New Registered Agent	
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 DIRECTOR
STREET ADDRESS		1.3 STREET ADDRESS	BEN TAROFF
CITY-ST-ZIP		1.4 CITY-ST-ZIP	25 N. PINEAPPLE AVE
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	BOARD OF DIRECTOR
STREET ADDRESS		2.3 STREET ADDRESS	ROSE RINALDI
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3701 BAYSHORE RD
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	BOARD OF DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	VIRGINIA HALCY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1600 REN THOMPSON PKY
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
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	BOARD OF DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	GALE ADKINS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	811 S. DALIN AVE
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.

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)