

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755633** (5)
1. Corporation Name
GOLD COAST RADIO CONTROLLERS, INC.

Principal Place of Business Mailing Address
6156 NW 72ND WAY POST OFFICE BOX 273331
PARKLAND FL 33067 BOCA RATON FL 33427
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1980** 3a. Date of Last Report **05/24/1994**
4. FEI Number **59-2134273** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status \$68.75 Supplemental
Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KNIGHT, WAYNE
6156 NW 72ND WAY
PARKLAND FL 33067

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 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 *Wayne Knight*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-2-95**

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KAPLAN, ALEXANDER L.
STREET ADDRESS	7295 W. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V
NAME	SCIDENBERG, AL
STREET ADDRESS	6304 LASALLE ROAD
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	TD
NAME	SHER, STAN
STREET ADDRESS	7508 CHESTER TERRACE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	KNIGHT, WAYNE
STREET ADDRESS	6156 NW 72 WAY
CITY-ST-ZIP	PARKLAND FL
TITLE	D
NAME	STAHL, AL
STREET ADDRESS	1626 PALMLAND DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33438
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KNIGHT, WAYNE
1.3 STREET ADDRESS	6156 NW 72ND WAY
1.4 CITY-ST-ZIP	PARKLAND, FL 33067
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DREYFUS, WALTER
2.3 STREET ADDRESS	9051 SW 7TH ST.
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHNSON, ARTHUR
3.3 STREET ADDRESS	932 BANYAN DR.
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REID, RANDALL
4.3 STREET ADDRESS	7330 FLORES WAY
4.4 CITY-ST-ZIP	MARGATE, FL 33063
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHER, STAN
5.3 STREET ADDRESS	7508 CHESTER TERR.
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MILLER, JOHN
6.3 STREET ADDRESS	2117C SHADY VISTA LANE
6.4 CITY-ST-ZIP	BOCA RATON, FL 33428

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur H. Johnson* - **ARTHUR H. JOHNSON** DATE: **2/2/95** (407) 278 9621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR