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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(5)

| GOLD | COAST RADIO CONTROLI | LERS, INC. | | | | | | | |
|---------------------------------|---|--|----------------------------------|-----------------|-----------------|---|-----------------------------|-------------------------------------|---|
| Principal Place | of Business | Mailing Address | | | | | | i Graff Bidit Bidit 1881 | |
| 6156 NW 72N PARKLAND F US | = | POST OFFICE BOCA RATON US | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 12/19/1980 | | Last Report 16/1995 | |
| 2. Principal Pt 21 | ace of Business | 2a. Mailing Addr 26 | ess | | | 4. FEI Number 59-2134273 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | \$ | 3.75 Additional Fee Required | |
| City & State |) | City & State | | | | Election Campaign Financing Trust Fund Contribution | | 55.00 May Be Added to Fees | |
| Zip | Country | Zip | ├ | intry | | 8. This corporation has liability for in | | der s. 199.032, | |
| 24 25 | | 29 30 | | 0 | | | Yes No | | |
| | 9. Name and Address of Curr | ent Hegistered Agent | | 81 | None | 10. Name and Address of New Re | egistered Ager | t | _ |
| KANOLIT. | 14/43/516 | | | 81 | Name | | | | |
| 6156 NV | WAYNE V 72ND WAY | | | 82 | Street Addres | §§ (P.O. Box Number is Not Acceptable | e) | | _ |
| PARKLA | ND FL 33067 | | | 83 | | | | | |
| | | | | 84 | City | | FL 85 | Zip Code | _ |
| or register | ed agent, or both, in the State of Fic th, and accept the obligations of, Se Signature typed or ponted name of registeral age | orida. Such change was ection 617.0503, Florida | authorized by the o Statutes. | corpo | oration's board | ion submits this statement for the purp of directors. I hereby accept the appo | intment as regis | tered agent. I am | J |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | | CTORS IN 12 | _ |
| TITLE | Р | DEL | ETE 1.1 Ti | TLE | | | ☐ Ch | ange 🔲 Addition | |
| NAME | KNIGHT, WAYNE | | 12 N | AME | | | | | |
| SIREET ADDRESS | 6156 NW 72ND WAY | | 135 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | PARKLAND FL | | | TY-S | | | | | |
| THLE | V | □ DEL | ETE 21T | TLE | M | ILLER, JOHN. 1176 SHADY VAST I | 🔀 Ch | ange 🔲 Addition | |
| NAME | DREYFUS, WALTER | | 2 2 N | | 2 | 1126 CHOOY VAST | LANE | | |
| STREET ADDRESS | 9051 SW 7TH ST | | | | | CA RATON, FL | | | |
| CITY - ST - ZIP | BOCA RATON FL TS | DEL | | CITY - S | 17- ZIP 25 2 | CA RAIDA , PL | [] Ch | anga C Addition | _ |
| TITLE NAME | JOHNSON, ARTHUR | Прег | EIE 3111 | | | | | ange 🔲 Addition | |
| STREET ADDRESS | 932 BANYAN DR | | | | AC DRESS | | | | |
| CIFY-ST-ZIP | DELRAY BEACH FL | | | incei Dity-S | | | | | |
| TITLE | D | DEL | | | 11-215 | | ☐ Ch | ange 🔲 Addition | ٦ |
| NAME | REID, RANDALL | _ | 4 2 1 | | | | | · – | |
| STREET ADDRESS | 7330 FLORES WAY | | 435 | TREET | ACDRESS | | | | |
| CHTY - ST - ZIP | Margate fl | | | ITY - S | | | | | |
| TITLE | D | DEL | | | | RBY FUS, WALTE | R ⊠Ch | ange 🔲 Addition | _ |
| NAME | SHER, STAN | | 52 N | AME | 9 | 051 SW 7715 | ታ . | | |
| STREET ADDRESS | 7508 CHESTER TERR | | 538 | THEET | | | | | |
| CITY - ST - ZIP | BOCA RATON FL | | | | T-ZIP 15 | A44 0 0-441 5 | | | |
| TITLE | D | € 10.0 | | ITY - S | | ACA RATON, F | | | |
| NAME . | 1401 55 1610 | DEL | FTE 61T | | G | | - <u>∠_</u> 5⊈ Ch | ange 🔲 Addition | |
| | MILLER, JOHN | [_]DEL | ESE 61TI 62N | ITLE | | ENE MILLER | ∭ Ch | ange 🔲 Addition | |
| STREET ADDRESS | MILLER, JOHN 21176 SHADY VISTA LANE BOCA RATON FL | [_]UEL | 62 N | ITLE IAME | ALORESS 3 | | ∭ Ch | ange Addition | |

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 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE: Of SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 (407) 278 9621