

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

APPROVED AND FILED

95 MAR 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 765761 (2)
1. Corporation Name
GOLD COAST ALL AMERICAN SOAP BOX DERBY, INC.

Principal Place of Business Mailing Address
P O BOX 1289 DELRAY BEACH FL 33444 **P O BOX 1289 DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **11/16/1982** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2354769** 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

9. Name and Address of Current Registered Agent
RUBIN, STEVEN D. 434
980 NORTH FEDERAL HIGHWAY, STE 411
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name **Steven D. Rubin**
82 Street Address (P.O. Box Number is Not Acceptable) **970 N. Federal Hwy Suite 434**
83
84 City **Boca Raton** FL 85 Zip Code **33432**

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 **2/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	RUBIN, STEVEN D.
STREET ADDRESS	4105 PALM FOREST DR. S.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VD
NAME	HORNSBY, HOWARD
STREET ADDRESS	1221 WYNNEDALE RD
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	PD
NAME	GALLO, STEVEN L
STREET ADDRESS	7367 ASHLEY SHORES CIR
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TD
NAME	HORNSBY, MELISSA
STREET ADDRESS	1221 WYNNEDALE RD
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven D. Rubin	
1.3 STREET ADDRESS	970 N. Federal Hwy #434	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ken Walker	
2.3 STREET ADDRESS	3840 Arellia Dr. South	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Douglas Martin	
3.3 STREET ADDRESS	535 NW 50th Ave	
3.4 CITY-ST-ZIP	Boca Raton Delray Beach, FL 33445	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(4), 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: *[Signature]* DATE **2/15/95** (417) 391-7442
Signature and typed or printed name of signing officer or director (File District Phone #)
Steven D. Rubin, Director