

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765761 (2)
 1. Corporation Name

GOLD COAST ALL AMERICAN SOAP BOX DERBY, INC.



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

3. Date Incorporated or Qualified: **11/16/1982**
 3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business: **21 P O Box 1963**
 Suite, Apt. #, etc.: **22**
 City & State: **23 DELRAY BEACH FL**
 Zip: **24 33447**
 Country: **25 PALM BEACH**
 2a. Mailing Address: **26 P O Box 1963**
 Suite, Apt. #, etc.: **27**
 City & State: **28 DELRAY BEACH FL**
 Zip: **29 33447**
 Country: **30 PALM BEACH**

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**
 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.
980 N FED HWY
STE 434
BOCA RATON FL 33432

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBIN, STEVEN D.	
STREET ADDRESS	980 N FED HWY #434	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, KEN	
STREET ADDRESS	3840 ARELIA DR S	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, DOUGLAS	
STREET ADDRESS	535 NW 50 AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	22281 KETTLE CREEK WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don Martin, President Date: 7/2/96 Daytime Phone #: 407-998-9700

CR2E037 (3/96)