

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.)

APPROVED
AND
FILED

97 JAN -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N43016 (7)
 1. Corporation Name
 GOLD COAST ALL BIRD CLUB, INC.
1996 REINSTATEMENT

Principal Place of Business Mailing Address
 PO BOX 1092 DELRAY BEACH FL 33477-1092
 PO BOX 1092 DELRAY BEACH FL 33477-1092

3. Date Incorporated or Qualified 04/17/1991
 3a. Date of Last Report 02/13/1995

2. Principal Place of Business 21 7081 TAFT ST.
 2a. Mailing Address 26 7081 TAFT ST.

4. FEI Number 65-0257338
 Applied For Not Applicable

Suite, Apt. #, etc. 22 Box 153
 Suite, Apt. #, etc. 27 Box 153

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Hollywood FLA.
 City & State 28 Hollywood FLA.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 33024 U.S.
 Zip Country 29 33024 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 WALLING, MIRIAM B.
 355 N.E. 5TH AVE.
 STE. #6
 DELRAY BEACH FL 33321

10. Name and Address of New Registered Agent
 81 Name ANGELA Nofil
 82 Street Address (P.O. Box Number is Not Acceptable) 7330 N.W. 38th Street
 83 Apt 1
 84 City HOLLYWOOD FL 85 Zip Code 33024

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 Angela Nofil President 12/29/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	ALOI, SAM	
STREET ADDRESS	5520 SW 43RD TERRACE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	ALOI, DEBI	
STREET ADDRESS	5520 SW 43RD TERRACE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ZAGARI, FRANK	
STREET ADDRESS	9441 OAK GROVE CIRCLE	
CITY - ST - ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	WALLING, MIRIAM B.	
STREET ADDRESS	355 NE 5TH AVE #6	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	D President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	ANGELA Nofil		
1.3 STREET ADDRESS	7330 N.W. 38th Street		
1.4 CITY - ST - ZIP	HOLLYWOOD FL 33024		
2.1 TITLE	D V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RUSSELL WARRICK		
2.3 STREET ADDRESS	5501 S.W. 8th Street		
2.4 CITY - ST - ZIP	PLANTATION, FL. 33317		
3.1 TITLE	D Greg Stoopelmoor	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	5025 S.W. 64th Ave		
3.3 STREET ADDRESS	DAVIE, FL. 33314		
3.4 CITY - ST - ZIP			
4.1 TITLE	Tru.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	DONNA Presti		
4.3 STREET ADDRESS	500 S. CRESENT DR. #101		
4.4 CITY - ST - ZIP	HOLLYWOOD FL. 33021		
5.1 TITLE	300002051903	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	-01/08/97--01019--082		
5.3 STREET ADDRESS	25/01/96		
5.4 CITY - ST - ZIP			
6.1 TITLE	REINSTATEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	A. M... 1/2/97		
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: Angela Nofil President 12/27/96 (954) 438-0613

CR2E037 (3/96)