

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 309802 (7)
1. Corporation Name
GOLD COAST MILK VENDING COMPANY, INC.



Principal Place of Business: **298 OHIO ST WINTER PARK FL 32789-3507**
Mailing Address: **298 OHIO ST WINTER PARK FL 32789-3507**

3. Date Incorporated or Qualified: **10/05/1966**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-1200318**
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

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

9. Name and Address of Current Registered Agent
**NIelsen, G.A.
929 GARDEN DRIVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature, typed or printed name of registered agent and to whom applied. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NIelsen, E.D.	
STREET ADDRESS	298 OHIO STREET	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NIelsen, GORDON A MR	
STREET ADDRESS	298 OHIO STREET	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIelsen, A.R.	
STREET ADDRESS	716 KELLY'S COVE	
CITY- ST- ZIP	OCOOEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NIelsen, S.E. (ASS'T)	
STREET ADDRESS	734 LAUREL WAY	
CITY- ST- ZIP	CASSELBERRY FL	
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 included 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Gordon A. Nielsen Sec. Treas* 1/29/96 407-644-8035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GORDON A. NIelsen SEC. TREAS** Daytime Phone #

CR2E034 (12/95)