## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 309802

GOLD COAST MILK VENDING COMPANY, INC.				
Principal Place	e of Business	Mailing Address		n sonne zielt deten immi stein effice tidt binis affil filbit afert bini filbit inde
298 OHIO ST WINTER PARK	FL 32789-3507	298 OHIO 6T WINTER PARK FL 32789-350	)7	
				3. Date Incorporated or Qualified
<del></del>	lace of Business	26. Mailing Address		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,
24	25]		30	Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
NIEL	SEN, G.A.		81 Name	
WINTER PARK FL 32789			82 Street	Address (B.) Box Number is (10) Acceptable)
AAMA	IER PARK FL 32/09		83	10001001
			. W/	NTER PARK
	. ^	_	City	FL 18 72787
<ol> <li>Pursuant office or ragent. La</li> </ol>	to the provincing of Sections 677,550 registered good, or both in the state im familiation in the state in familiation in the state in	02 and 607 1598, Florida Statute not Florida. Such change was a lutions of Section 607.0505, Flo	s, the above-named uthorized by the col rida Statutes.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	raevia	Me	- Decistored Acces signature	re required when reinstating) DATE
12.	Signature, typod or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	NIELSEN, E.D.		1.2 NAME	
STREET ADDRESS	298 OHIO STREET		1.3 STREET ADORESS	
Dity-St-ZiP	WINTER PARK FL	DECETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	STD NEILSEN, GORDON A MR	D DECEIE	2.1 TITLE 2.2 NAME	Cikinge Addition
NAME STREET ADDRESS	298 OHIO STREET		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NIELSEN, A.R.		3.2 NAME	
STREET ADDRESS	716 KELLY'S COVE		3.3 STREET ADDRESS	
CITY-ST-7/P	OCOEE FL		3.4. CITY - ST - ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	Change Addition
NAME	NIELSEN, S.E. (ASS'T)		4 2 NAME	
STREET ADDRESS	734 LAUREL WAY		4.3 STREET ADDRESS	
City - ST - ZIP TITLE	CASSELBERRY FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· Change Addition
NAME		La Dice.ic	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-7iP			6.4 CITY+ST-ZIP	
14. I do herel	by certify that the information supplied in indicated on this about report or i	ed with this filing does not qualify subplemental applies report is tri	y for the exemption ue and accurate an	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
I am an o appears i	officer or director of the corporation of in Block 12 or Block 13 if	rithe regiver or truckee empower or arcuttachment with an add	ered to execute this	id that my signature shall have the same legal effect as if made under oath; the report as required by Chapter 607, Florida statutes; and that my name

SIGNATURE:

**FILED** 

Feb 12 1997 8:00am

Secretary of State