

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Apr 25 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **349269** (1)  
1. Corporation Name  
**GOLD COAST BEVERAGE DISTRIBUTORS, INC.**



Principal Place of Business  
**3325 NW 70TH AVENUE  
MIAMI FL 33122**

Mailing Address  
**3325 NW 70TH AVENUE  
MIAMI FL 33122**

3. Date Incorporated or Qualified <b>07/10/1969</b>	3a. Date of Last Report <b>10/18/1995</b>
4. FEI Number <b>59-1264956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 (if not available) (If not a registered agent, signature is required when filing report)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	SEAMAN, PETER B	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	SAKIN, CRAIG H	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONNELL, RUSSELL	
STREET ADDRESS	115 EAST PUTNAM AVE.	
CITY - ST - ZIP	GREENWICH CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOM, BRADLEY	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3425	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLAHAN, KEVIN	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 3425	
CITY - ST - ZIP	BOSTON MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MAYDA	
STREET ADDRESS	3325 NW 70TH AVENUE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Olson, William T. III	
1.3 STREET ADDRESS	1751 N.W. 12th Avenue	
1.4 CITY - ST - ZIP	Pompano Beach, FL 33069	
2.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fine, Alan	
2.3 STREET ADDRESS	3325 N.W. 70th Avenue	
2.4 CITY - ST - ZIP	Miami, FL 33122	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Allen, Rick	
3.3 STREET ADDRESS	115 East Putnam Avenue	
3.4 CITY - ST - ZIP	Greenwich, CT 06830	
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		

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**-04/25/96--01106--002**  
**\*\*\*200.00**

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)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 305-591-9800  
DATE OF FILING  
SSG 4-25-96

CR2E034 (12/95)

**Gold Coast Beverage Distributors, Inc. and Gold Coast Holding, Inc.  
Officers and Directors**

Name	Officer/Director	Title & Responsibilities
Craig Sakin	Officer & Director	Chairman, President and Treasurer
William T. Olson	Officer & Director	Chief Executive Officer
David Heidecorn	Officer	Non-Executive, Vice President
Alan Fine	Officer	Chief Financial Officer
Mayda Gonzalez	Officer	Secretary and Human Resources Manager
Rick Allen	Officer	Assistant Secretary
Brad Bloom	Director	Director
Kevin T. Callaghan	Director	Director
Russell MacDonnell	Director	Director

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