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PROFIT CORPORATION ANNUAL REPORT

1996

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

4-3-96 B-3026-C

DOCUMENT # **F67617** (3)

1. Corporation Name

GOLD COAST ADVERTISING ASSOCIATES, INC.

Principal Place of Business

% ROBERT E. UTSMAN
3625 NW 82ND AVE. #404
MIAMI FL 33166

Mailing Address

% ROBERT E. UTSMAN
3625 NW 82ND AVE. #404
MIAMI FL 33166

2. Principal Place of Business

21 % Robert E. Utsman
Suite, Apt. #, etc.
22 4141 N.E. 2nd Ave.#205
City & State
23 Miami, F
Zip 24 33137 Country 25 USA

2a. Mailing Address

26 % Robert E. Utsman
Suite, Apt. #, etc.
27 4141 N.E. 2nd Ave.#205
City & State
28 Miami, FL
Zip 29 33137 Country 30 USA

3. Date Incorporated or Qualified: 02/10/1982

3a. Date of Last Report: 04/14/1995

4. FEI Number: 59-2165491 [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

UTSMAN, ROBERT E
3625 N. W. 82ND AVE., STE. 404
MIAMI, F 33166

10. Name and Address of New Registered Agent

81 Name: Robert E. Utsman
82 Street Address (P.O. Box Number is Not Acceptable): 4141 N.E. 2nd Ave. # 305
83 City: Miami
84 State: FL 85 Zip Code: 33137

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	VST	[ ] DELETE
NAME	UTSMAN, ROBERT E	
STREET ADDRESS	12230 S.W. 2ND STREET	
CITY, ST, ZIP	PLANTATION FL	
TITLE	D	[ ] DELETE
NAME	DORNFIELD, KARYN	
STREET ADDRESS	6061 LA GORCE DR.	
CITY, ST, ZIP	MIAMI BEACH FL	
TITLE	P	[ ] DELETE
NAME	DORNFIELD, STUART R	
STREET ADDRESS	6061 LA GORCE DR	
CITY, ST, ZIP	MIAMI BCH., FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[ ] Change [ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
2. TITLE	D	[X] Change [ ] Addition
2. NAME	DORNFIELD, KARYN	
2. STREET ADDRESS	17 La Gorce Circle	
2. CITY, ST, ZIP	Miami Beach, FL 33141	
3. TITLE	P	[X] Change [ ] Addition
3. NAME	DORNFIELD, STUART R	
3. STREET ADDRESS	17 La Gorce Circle	
3. CITY, ST, ZIP	Miami Beach, FL 33141	
4. TITLE		[ ] Change [ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this document meets the requirements of Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this document or request to amend a prior 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 or other court appointed fiduciary as defined in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above with an asterisk.

SIGNATURE: VP-Sec/Treas 3/30/96 (305) 576-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. UTSMAN