

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02663 (3)
1. Corporation Name
GOLD COAST KENTUCKY FRIED CHICKEN ADVERTISING CO
RPORATION



Principal Place of Business Mailing Address
980 N. MILITARY TRAIL 980 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1320 WEST PALM BEACH FL 33415-1320

3. Date Incorporated or Qualified 07/11/1984 3a. Date of Last Report 02/22/1995
4. FEI Number 59-2448156 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 26 Country
27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	D
NAME	WARDER, RUSSELL J.	1.2 NAME	WARDER, RUSSELL J
STREET ADDRESS	%980 N. MILITARY TRAIL	1.3 STREET ADDRESS	980 N Military TRAIL
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	V/D	2.1 TITLE	D
NAME	ACREE, MICKEY	2.2 NAME	ACREE, MICKEY
STREET ADDRESS	%980 N. MILITARY TRAIL	2.3 STREET ADDRESS	980 N. Military TRAIL
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	S/D	3.1 TITLE	D
NAME	GAVILON, JUAN	3.2 NAME	GAVILON, JUAN
STREET ADDRESS	980 N MILITARY TRL	3.3 STREET ADDRESS	2222 N. FEDERAL HWY
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	T/D	4.1 TITLE	D
NAME	CARR, JIM	4.2 NAME	CARR, JIM
STREET ADDRESS	980 N MILITARY TRL	4.3 STREET ADDRESS	514 SE PORT ST LUCIE BLVD
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE		5.1 TITLE	
NAME		5.2 NAME	200001750452
STREET ADDRESS		5.3 STREET ADDRESS	03/20/96--01013--024
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

(407) 683-8444

Daytime Phone #

CR2E037 (12/95)