

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # **P95000006653 (6)**

1. Corporation Name
GOLD COAST SUBSCRIBERS, INC.



Principal Place of Business Mailing Address
% ANTHONY J. TITONE. P.A.
7471 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33319

3. Date Incorporated or Qualified **01/25/1995** 3a. Date of Last Report
4. FEI Number **65-0549757** 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 **6150 N.W. 11 Street** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Sunrise, Florida** 27 **Florida**
City & State City & State
23 **33313** 28 **U.S.A.**
Zip Country Zip Country
24 **33313** 25 **U.S.A.** 29 **33313** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
TITONE, ANTHONY J ESQUIRE
7471 WEST OAKLAND PARK BOULEVARD
SUITE 110
FORT LAUDERDALE FL 33319

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 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	1. PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE
NAME	RICHARD J. FICARELLI
STREET ADDRESS	1207 Middle River Dr
CITY-ST-ZIP	Fort Laud. FL 33304
TITLE	2. VICE PRES./DIRECTOR <input type="checkbox"/> DELETE
NAME	MARYANN ACESTE
STREET ADDRESS	6300 S.W. 190 Avenue
CITY-ST-ZIP	Fort Laud. FL 33323
TITLE	3. SECRETARY/DIRECTOR <input type="checkbox"/> DELETE
NAME	ANTHONY J. TITONE
STREET ADDRESS	7471 W. Oakland Pk Blvd #110
CITY-ST-ZIP	Fort Laud. FL 33319
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 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, changed, or on an attachment with an address.

SIGNATURE: *Anthony J. Titone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)