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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000006653 (6)
1. Corporation Name
GOLD COAST SUBSCRIBERS, INC.



Principal Place of Business: 6150 N.W. 11 STREET, SUNRISE FL 33313 US
Mailing Address: 6150 N.W. 11 STREET, SUNRISE FL 33313-6116 US

3. Date Incorporated or Qualified: 01/25/1995
3a. Date of Last Report: 02/12/1996
4. FEI Number: 65-0549757
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 (21-24) and 2a. Mailing Address (26-30) details including Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and Zip Code (FL).

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | FIGARELLI, RICHARD | |
| STREET ADDRESS | 1207 MIDDLE RIVER DR. | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ACESTE, MARYANN | |
| STREET ADDRESS | 6300 S.W. 190 AVE | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | TITONE, ANTHONY J | |
| STREET ADDRESS | 7471 W. OAKLAND PK BLVD #110 | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 | President / Secretary / CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Anthony, J Titone | |
| 1.3 STREET ADDRESS | 7471 W. Oakland PK Blvd # 110 | |
| 1.4 CITY - ST - ZIP | FT. LAUDERDALE, FL | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Maryann Aceste* MARYANN ACESTE VP 1/15/96 (954) 521-1964

CR2E034 (9/96)