

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019724

1. Corporation Name

GOLDCOAST ENTERTAINMENT CORPORATION

Principal Place of Business

Mailing Address

1409 ROSE BLVD.
BUFFALO GROVE, ILLINOIS
60089

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
• 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

3. Date Incorporated or Qualified

3/10/95

3a. Date of Last Report

N/A

4. FEI Number

36-4019924

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President / Director
David N. Grossman
1409 ROSE BLVD.
Buffalo Grove, Illinois 60089

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Secretary, Treasurer, V.P./Director
Michael A. HLAVSA
2317 Harbor Cliff Dr.
Las Vegas, Nevada 89128

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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SIGNATURE:

David N. Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David N. Grossman, President

4/26/96

(847)590-8888

CR2E034 (12/95)