

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019253 (9)

1. Corporation Name
GOLDCOAST DINING, INC.

Principal Place of Business 500 EAST BROWARD BLVD. SUITE 1400 FT. LAUDERDALE FL 33394	Mailing Address 500 EAST BROWARD BLVD. SUITE 1400 FT. LAUDERDALE FL 33394
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2. Principal Place of Business 21 <u>SIC SEABREE BLVD</u> Suite, Apt. #, etc. 22 <u>SUITE 200</u> City & State 23 <u>FT. LAUDERDALE, FLORIDA</u> Zip Country 24 <u>33316</u> 25 <u>USA</u>	2a. Mailing Address 26 <u>SIC SEABREE BLVD</u> Suite, Apt. #, etc. 27 <u>SUITE 200</u> City & State 28 <u>FT. LAUDERDALE FLORIDA</u> Zip Country 29 <u>33316</u> 30 <u>USA</u>
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <u>03/01/1996</u>	3a. Date of Last Report <u>9/1/96</u>
4. FEI Number <u>65-0662830</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VALDE-FAULI CORPORATE SERVICES, INC.
500 EAST BROWARD BLVD.
SUITE 1400
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	<input type="checkbox"/> DELETE
NAME	HLAVSA, MICHAEL	
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	D - VP	<input type="checkbox"/> DELETE
NAME	GROSSMAN, DAVID	
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	D - VP	<input type="checkbox"/> DELETE
NAME	Robert E. Brennan	
STREET ADDRESS	500 E. Broward Blvd., Ste.1400	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
TITLE	D - VP	<input type="checkbox"/> DELETE
NAME	Robert E. Brennan, Jr.	
STREET ADDRESS	500 E. Broward Blvd., Ste.1400	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
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 checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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.

CR2E034 (4/97)