→ FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

DC

GULF STREAM MOTORS, INC.

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90024 042 ***150.00				
CUMENT # 2	17970						



Principal Place of Business Mailing Address						'			,, e.e., e.e., e.	
4000 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 WEST PALM BEACH FL							DO NOT WRIT	E IN THIS :	SPACE	
US		00				3. Date Incorpo	rated or Qualifed			
						12/08/195				
Principal Place of Business 2a. Mailing Address						4. FEI Number			App	olied For
Z. Philopatri	ace of Business	26	—			59-02772	R1		Not	Applicable
Suite Ant	# etc	Suite, Apt. #, etc.				1		<u> </u>	\$8.75 A	
Suite, Apt. #, etc.		27	 			5. Certifcate of	Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing S5.00 May Be				
23		28	— ·			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cot	intry		8 This corpora	tion owes the curre	ent year Inta	ngible	
24	25	29	—			Personal Property Tax.				
24	9 Name and Address of Curren		1001	Γ			Address of New R	egistered A	gent	
				81	Name					ĺ
BAS ¹	TIN, R. E.				D) A d d	to a Day Num	har in Mat Accord	blo)		
	OKEECHOBEE BLVD			82	Street Add	Iress (P.O. Box Num	per is Not Accepta	bie)		
	T PALM BEACH FL 33409			83						
									T1	
				84	City			FL	85 Zip C	Code
44 5	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utee the s	hove	e-named cor	noration submits this	statement for the	numose of o	hanging its	registered
office or r	egistered agent or both in the State.	of Florida. Such change was	authorize	d bv	the corporat	ion's board of direct	ors. I hereby accep	t the appoin	tment as req	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes	•					J
SIGNATURE		. 197. 4	TE. Disease	l Acon	t riceature requir	ed when reinstating)		DATE		
	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ı ny e n	it signature requir		CHANGES TO OF		DIRECTO	RS IN 12
12.		DELETE	1,1 7	TLE.		i i	31.541.0 <u>2</u> 0 10 0	102.10	☐ Change	K Addition
TITLE	ST BACTINI MARVIET		1.2 N			ř				
NAME	BASTIN, MARY LEE				ADDRESS					
STREET ADDRESS	486 MARINER DRIVE					33477				
CITY-ST-ZIP	JUPITER FL	☐ DELETE	1.4 C	ITY-S	1-ZIP	33411			Change	X Addition
TITLE	P	בין סניבור			1				_ `	
NAME	BASTIN, RICHARD E		2.2 N			ļ				-
STREET ADDRESS	486 MARINER DRIVE	-			TADDRESS	33477	v`.	. •		Į
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NAME	Brian Bastin		3.2 N							}
STREET ADDRESS	EETADORESS 2 Monterey Point			3.3 STREET ADDRESS						
CITY-ST-ZIP	Palm Beach Gardens El Court			3.4. CITY-ST-ZIP		.			☐ Change	Addition
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NAME			4.21	VAME						
STREET ADORESS					TADDRESS					}
CITY-ST-ZIP	<u> </u>			ITY-S	T-ZIP				Change	Addition
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TITLE		☐ DELETE	6.1 T						☐ Change	Addition
NAME			6.2 N							
STREET ADORESS			6.3 S	TREE'	T ADDRESS					Ì
CITY-ST-ZIP		<u></u>	6.4 C	ITY-S	T-ZIP					

14. I 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, with all other like empowered.

RICHARD E BASTIN, President/2

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