FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 22 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 340944 (8)

1. Corporation Name

GULFSTREAM CARD & DISTRIBUTING CO., INC.

Principal Place of Business	Mailing Address
7801 NORTHWEST 52ND STREET MIAMI FL 33166-4738	7801 NORTHWEST 52ND STREET MIAMI FL 33166-4738

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1969
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1259442 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MURPHY,THOMAS W~~ ~~6851 WINGED FOOT DRIVE~~ ~~HIALEAH FL~~	81 Name: Murphy, Elaine H. 82 Street Address (P.O. Box Number is Not Acceptable): 6851 Winged Foot Drive 83 84 City: Hialeah FL 95 Zip Code: 33015

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: X Elaine H. Murphy — March 13 1995
(Signature required; name of new Registered Agent printed or typed above; date required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	~~MURPHY,THOMAS W~~	12 NAME	Elaine H. Murphy
STREET ADDRESS	6851 WINGED FOOT DRIVE	13 STREET ADDRESS	6851 Winged Foot Drive
CITY-ST-ZIP	HIALEAH FL	14 CITY ST ZIP	Hialeah FL 33015
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, PATRICIA M	22 NAME	
STREET ADDRESS	13280 S.W. 88TH LN B-105	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☒ Addition
NAME	MURPHY,ELAINE H	32 NAME	
STREET ADDRESS	6851 WINGED FOOT DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	34 CITY ST ZIP	33015
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HYRE, COLLEEN M.	42 NAME	
STREET ADDRESS	9855 SW 140TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HYRE, ROGER D	52 NAME	
STREET ADDRESS	9855 SW 140TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	PINDER, THOMAS D	62 NAME	
STREET ADDRESS	6275 NW 170 TERR.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY ST ZIP	AF 3/24

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)(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: X Elaine H. Murphy — 3/20 — X 305 823 0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0102160 CP