

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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MIAMI FL 33166-4738

3. Date Incorporated or Qualified

01/31/1969

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1258442

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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, ELAINE H
6851 WINGED FOOT DRIVE
HIALEAH FL 33015

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MURPHY, ELAINE H
STREET ADDRESS 6851 WINGED FOOT DRIVE
CITY-ST-ZIP HIALEAH FL 33015

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MOORE, PATRICIA M
STREET ADDRESS 13280 S.W. 88TH LN B-105
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME MURPHY, ELAINE H
STREET ADDRESS 6851 WINGED FOOT DRIVE
CITY-ST-ZIP HIALEAH FL 33015

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME HYRE, COLLEEN M.
STREET ADDRESS 9855 SW 140TH ST
CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME HYRE, ROGER D
STREET ADDRESS 9855 SW 140TH ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME PINDER, THOMAS D
STREET ADDRESS 6275 NW 170 TERR.
CITY-ST-ZIP MIAMI FL

2.2 NAME ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)