
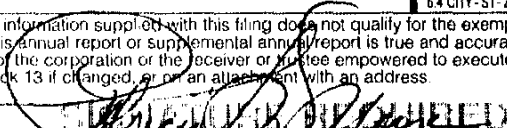


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 340944 (8)					
1. Corporation Name GULFSTREAM CARD & DISTRIBUTING CO., INC.					
Principal Place of Business 7801 NORTHWEST 52ND STREET MIAMI FL 33168-4738			Mailing Address 7801 NORTHWEST 52ND STREET MIAMI FL 33168-4738		
2. Principal Place of Business 21 7801 N.W. 52 St. State, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33166		2a. Mailing Address 26 7801 N.W. 52 St. Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33166		3. Date Incorporated or Qualified 01/31/1969 3a. Date of Last Report 05/01/1996 4. FEI Number 59-1258442 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MURPHY, ELAINE H 6851 WINGED FOOT DRIVE HIALEAH FL 33015			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, ELAINE H		1.2 NAME		
STREET ADDRESS	6851 WINGED FOOT DRIVE		1.3 STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33015		1.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, PATRICIA M		2.2 NAME		
STREET ADDRESS	13280 S.W. 88TH LN B-105		2.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		2.4 CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, ELAINE H		3.2 NAME		
STREET ADDRESS	6851 WINGED FOOT DRIVE		3.3 STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL 33015		3.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYRE, COLLEEN M.		4.2 NAME		
STREET ADDRESS	9855 SW 140TH ST		4.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		4.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYRE, ROGER D		5.2 NAME		
STREET ADDRESS	9855 SW 140TH ST		5.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		5.4 CITY- ST- ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINDER, THOMAS D		6.2 NAME		
STREET ADDRESS	6275 NW 170 TERR.		6.3 STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		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.					
SIGNATURE: 			4-25-97 305 592-0123		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)