

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 340944 (8)
1. Corporation Name
GULFSTREAM CARD & DISTRIBUTING CO., INC.



Principal Place of Business 7901 NORTHWEST 52ND STREET MIAMI FL 33166-4738	Mailing Address 7901 NORTHWEST 52ND STREET MIAMI FL 33166-4738
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1969	4. FEI Number 59-1258442	Applied For <input type="checkbox"/> 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		

2. Principal Place of Business 21 7798 NW 71 ST. Suite, Apt. #, etc.	2a. Mailing Address 26 7798 NW 71 ST. Suite, Apt. #, etc.		
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI FL		
24 Zip 33166	25 Country USA	29 Zip 33166	30 Country USA

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Patricia M. Moore* Patricia M. Moore 1-15-98
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	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	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	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	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	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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE: *Patricia M. Moore* Patricia M. Moore 1-15-98 305-592-0123
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0230782

CR2E034 (10/97)