

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90131 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 672558

1. Corporation Name
GULF ATLANTIC INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2333 PONCE DE LEON BLVD
 S650
 CORAL GABLES FL 33134
 US

Mailing Address
 2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES FL 33134
 US

3. Date Incorporated or Qualified
05/29/1980

4. FEI Number
59-2022469

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **629 ALMERIA AVE**
 Suite, Apt. #, etc. **#A**
 City & State **CORAL GABLES, FL**
 Zip **33134** Country **USA**

2a. Mailing Address
 26 **629 ALMERIA AVE**
 Suite, Apt. #, etc. **#A**
 City & State **CORAL GABLES, FL.**
 Zip **33134** Country **USA**

9. Name and Address of Current Registered Agent
GUTTMAN, RICHARD
 2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **RICHARD GUTTMAN**
 82 Street Address (P.O. Box Number is Not Acceptable) **629 ALMERIA AVE.**
 83 **#A**
 84 City **CORAL GABLES FL** 85 Zip Code **33134**

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]* **RICHARD GUTTMAN** DATE **4-25-99**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	GUTTMAN, RICHARD	
STREET ADDRESS	2333 PONCE DE LEON BLVD. #650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTTMAN, RICHARD	
STREET ADDRESS	2333 PONCE DE LEON BLVD., #650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GUTTMAN, CATHERINE	
STREET ADDRESS	2333 PONCE DE LEON BLVD., #650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	629 ALMERIA AVE #A
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	629 ALMERIA AVE #A
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	629 ALMERIA AVE #A
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD GUTTMAN** DATE **4-25-99** (305) 539-7235

CR2E034 (1/98)