

3-2-97 6-16204 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **821610** (3)
1. Corporation Name
GULFSTREAM HOUSING CORP.



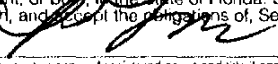
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|---|--|
| Principal Place of Business 10001 NW 50THS T STE 201H SUNRISE FL 33351 US | Mailing Address 10001 NW 50TH ST STE 201H SUNRISE FL 33351-9061 US |
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| 3. Date Incorporated or Qualified 07/03/1968 | 3a. Date of Last Report 04/25/1996 |
| 4. FEI Number 59-1212815 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 1844 N. Nob Hill Road Apt. #435 Plantation, FL 33322 US | 2a. Mailing Address 1844 N. Nob Hill Road Apt. #435 Plantation, FL 33322 US |
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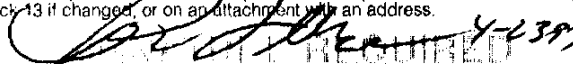
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| 9. Name and Address of Current Registered Agent LEIBOWITZ, PATRICIA A. 10001 NW 50TH ST STE 201H SUNRISE FL 33351 | 10. Name and Address of New Registered Agent 81 Name Patricia A. Leibowitz 82 Street Address (P.O. Box Number is Not Acceptable) 1844 N. Nob Hill Road #435 83 City Plantation 84 Zip Code FL 33322 |
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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, to 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  **PATRICIA A. LEIBOWITZ** 4-23-97
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 PVTD | LEIBOWITZ, PATRICIA 10001 NW 50TH ST STE 201H SUNRISE FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PDTS | Leibowitz, Patricia A. 1844 N. Nob Hill Road #435 Plantation, FL 33322 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | HOUCHIN, PETER 10001 SW 50TH ST STE 201H SUNRISE FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE D | Peter D. Houchin 1844 N. Nob Hill Road #435 Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE S | LEIBOWITZ, PATRICIA A. 10001 NW 50TH ST STE 201H SUNRISE FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **PATRICIA A. LEIBOWITZ** 4-23-97 954 424 5739
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2034 (9/96)