· 2-11-98 B - 1894 -C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500002181 (4)

GULF AND EASTERN MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address **67 CRYSTAL AVENUE 67 CRYSTAL AVENUE** AVENEL NJ 07001 AVENEL NJ 07001 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/03/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 22-2765366 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LENT, LINDA 6200 COURTNEY CAMPBELL CSWY Street Address (P.O. Box Number is Not Acceptable) SUITE 540 83 TAMPA FL 33607-5900 84 City B5 | Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE PCD TITLE CIUFFREDA, ROBERT NAME 1.2 NAME **67 CRYSTAL STREET** STREET ADDRESS 1.3 STREET ADDRESS AVENEL NJ CHY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Addition 2.1 THLE TITLE BRENNAN-BROOKS, GERALD 2.2 NAME NAME STREET ADDRESS **67 CRYSTAL STREET** 2.3 STREET ADDRESS AVENEL NJ CITY-ST-ZIP 2 4 CITY - ST - 7(P Addition DELETE 3 1 71TLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. DITY-ST-ZIP DELETE Change ___ Addition THTLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling 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 supplimental 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 of 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, and any stractingent with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2/3/98

732-634.0088

CRZEGS4

FILED

Feb 11 1998 8:00am

Secretary of State