ૂં:- ´_PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002810

1. Corporation Name

3435 GULFSTREAM PROPERTIES, INC.

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR. SUITE 703

2665 S. BAYSHORE DR. SUITE 703

05-05-1999 90153 028 ***158.75

| MIAMI FL 3313 | 3 | MIAMI FL 33133 | | | DO NOT WRI | TE IN THIS | SPACE | |
|--|---|---|--|--|---|-----------------------------|-------------------------------|---|
| 1 | | | | | 3. Date Incorporated or Qualifed | | | |
| { | • | | | | 05/18/1998 | | | ļ |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 3435 | North Ocean Blvd | | | | 98-0179010 | | | lot Applicable |
| Suite, Apt. | · · · · | Suite, Apt, #, etc. | | | | $\sqrt{}$ | | Additional |
| 22 | π, οιο. · | 27 | | | 5. Certifcate of Status Desired | X | • | Required |
| City & Stat | te | City & State | | _ | 6. Election Campaign Financing | · | \$5.00 | May Be |
| 23 Gulf | stream, Florida | 28 | | | Trust Fund Contribution | | Added | to Fees |
| Ζiρ | Country | Zip | Count | ry | 8. This corporation owes the curr | ent year Inta | angible | _, |
| 24 3348 | 3 25 | 29 | 30 | | Personal Property Tax. | | Yes | III No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New F | Registered A | Agent | |
| | · · · · · · · · · · · · · · · · · · · | | 8 | 1 Name | | | _ | |
| | HARDS, TIMOTHY D ESQ | | 9 | 2 Street | 1d Corporate Servi Address (P.O. Box Number is Not Accepte | Ces, | Inc. | |
| 2665 | 5 S. Bayshore DR, Suite 703 | • | ` | I - | 5 South Bayshore D | _ | | ì |
| MAIM | MI FL 33133 | | 8 | 3 | - | | | |
| 1 | | | <u> </u> | | te 703 | | T | |
| | • | | 1 | 4 City | | FL | 1 2 | Code 3133 |
| 11 Dursuant | to the provisions of Sections 607 05 | 02 and 607 1508 Florida Statute | s the abo | <u> Ma</u> ve-named | mi corporation submits this statement for the | DUIDOSE of | changing i | ts registered |
| office or r | egistered agent, or both, in the State | a of Florida. Such change was au | thorized b | y the corp | oration's board of directors. I hereby accep | ot the appoir | ntment as | registered |
| | | | | | | | | |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607 0505, Flor | ida Statuti | es. | | | | |
| | 12 - (1) | ations of, Section 607,0505, Flor | Resistered A | es. Ti | mothy D. Richards. | Pres | ideni | -01/14 |
| SIGNATURE | Signature, typed of printed name of registered ag- | ent and title if applicable. (NOTE: | Registered A | es. Ti | mothy D. Richards. Required when reinstating) ADDITIONS/CHANGES TO OF | Pres | ideni | c_01/14/ |
| signature | Signature, types of printed name of registelest age OFFICERS A | ation) of, Socion 607,0305, Flor and and title if applicable. (NOTE: ND DIRECTORS | Registered A | T i | mothy D. Richards, required when reinstating) | Pres | ideni | ORS IN 12 |
| SIGNATURE | Strature, topol printed name of registed age OFFICERS AI | ent and title if epplicable. (NOTE: | Registered A | Ti | mothy D. Richards, required when reinstating) | Pres | idení o DIRECT | ORS IN 12 |
| SIGNATURE | Stendure, type of printed name of registed age OFFICERS AI CPS ARCAINI, ANTONIO | ent and title if epplicable. (NOTE: | 13. 1.1 TITLE | Ti gent signature i | mothy D. Richards, required when reinstating) | Pres | idení o DIRECT | ORS IN 12 |
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Timothy D. Richards, AS (305) 858-9900

Addition

Change