

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90070 003 ***158.75

DOCUMENT # J22760

1. Corporation Name

GULFSTREAM HARBOR, INC.

Principal Place of Business

4505 GOLDEN ROD RD
ORLANDO FL 32822

Mailing Address

4505 GOLDEN ROD RD
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1986

4. FEI Number

59-2710545

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$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 9649 TRADEPORT DR
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 621148
Suite, Apt. #, etc.

City & State

23 Orlando, FL
Zip Country

City & State

28 Orlando, FL
Zip Country

24 32827 25 USA

29 32862-1148 30 USA

9. Name and Address of Current Registered Agent

WHITTINGTON, DALE
4505 S. GOLDROD RD.
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name DALE WHITTINGTON

82 Street Address (P.O. Box Number is Not Acceptable)
9649 TRADEPORT DR.

83

84 City Orlando

FL

85 Zip Code 32827

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, typed or printed name of registered agent and title if applicable.

DALE WHITTINGTON

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME WHITTINGTON, DALE
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL

TITLE EVP ☒ DELETE
NAME ZIEGLER, JACK
STREET ADDRESS 4505 S GOLDENROD RED
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9649 TRADEPORT DR
1.4 CITY-ST-ZIP ORLANDO FL 32827

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

DALE WHITTINGTON

4/28/99

CR2E034 (11/98)