## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (1)DOCUMENT # J48660 GULFSTREAM CAPITAL RESEARCH, INC. Principal Place of Business Mailing Address 2940 CARDINAL DRIVE 2940 CARDINAL DRIVE SUITE 1 SUITE 1 VERO BEACH FL 32963 VERO BEACH FL 32963 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1986 06/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 P.O. Box 3928 59-2844947 1766 CORAL WAY. Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 FLEMING, O'BRYAN & FLEMING, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD 83 BROWARD FINANCIAL CENTRE, 17TH FL FT. LAUDERDALE FL 33394 84 City 85 Zip Code 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, typod or printed name of registered agent and the if a pricable (NOTE: Flug Pered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Addition TITLE 1.13HH Change RUSSELL, JON F. RUSSELL, JON F. NAME 1,2 NAME 2940 CARDINAL DR., STE1 1766 CORAL WAY JONA STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL NERO BEACH FL 32964 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE FTI Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2 4 CITY-ST-ZIP []] DELETE Addition TITLE 3 1 TIFLE Change NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CUTY - \$1 - 7(P) 3 4 CITY-ST-ZIP DELFTE Change Addition THLE 4 1 113LE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DEFEIF TITLE Change Addition 5 1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST - ZIP [] DELETE TITLE Change Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with the certify that the information inclouted on the armost repair that the information inclouded on the armost repaired to of the appropriation. is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further applicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Bl

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KUSSEL PRESIDEN 4/29/96