Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90044 010 ***150.00

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

DOCUMENT # J64748

1. Corporation Name

GULFSTI	REAM AUTOMOTIVE, INC.								
Principal Place of Business Mailing Address				•		ם יוסום ונפו נפפום נוחדו צופום וווום פוום פוונפסו ו	1811 81811 81911 81	# 1	
1838 NORTH MONROE STREET TALLAHASSEE FL 32303		1838 NORTH MONROE STREET TALLAHASSEE FL 32303				DO NOT WRITE IN THIS SPACE			
I	و سد و و و و	جاستوسا يماران				3. Date Incorporated or Qualifed			
-						04/01/1987			
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26				59-2778995		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ''			5. Certifcate of Status Desired S8.75 Additional Fee Required			
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Int		_	
24	25	29 3	ol			Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent		ad		10. Name and Address of New Registered	Agent		
000	OT OFOROE K ID		:	81 Na	ne				
	OT, GEORGE K., JR.		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
	NORTH MONROE STREET								
IALL	AHASSEE FL 32303			83					
				84 Cit		FL	85 Zip C	\	
11. Pursuant office or re	to the provisions of Sections 607.06% egistered agent, or both, in the State im familier with, and accept the soliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	, the al horized la Stati	by the cutes	ed corpo orporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoint	changing its introduced the changing its interest as reg	registered jistered	
SIGNATURE		1 Colleen 1	<u>/</u>	Gim	54.	4/1/9	9		
SIGNATORE	Signature, typed a position hame of a sistered agen		<u> </u>	Agent signa	uré required	when reinstating) DATE	ID DIDEOTO	DO 111 12	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	RS IN 12	
TITLE	P	☐ DELETE	1.1 TH				□ oliarião		
NAME	GROOT, GEORGE K., JR.		1.2 NA						
STREET ADDRESS	1838 N MONROE STREET			REETADDR	ESS				
CITY-ST-ZIP	TALLAHASSEE FL.	[] DELETE	-	Y-ST-ZIP	-		Change	Addition	
TITLE	ST COLLEGE	C occur	2.1 TE		Ì				
NAME	GROOT, COLLEEN G.		2.2 N/						
STREET ADDRESS	1838 N MONROE STREET			REETADOR	=55				
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	3.1 TI	TY-ST-ZIP			Change	Addition	
TITLE		DECETE	3.2 N/					_	
NAME				REET ADOR	ree l			1	
STREET ADDRESS					-33	•		1	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TF	I <u>TY-ST-ZIP</u> II F			☐ Change	Addition	
NAME			4. 2 N				_ •	_	
STREET ADDRESS			1	reet addr	ess l			ļ	
İ		ونجين إ		TY-ST-ZIP			•	1	
CITY-ST-ZIP		DELETE	5.1 TF				☐ Change	Addition	
NAME			5.2 NA					Ì	
STREET ADDRESS			5.3 S1	REET ADOR	ESS			1	
CITY-ST-ZIP			5.4 Cf	TY-ST-ZIP	.				
TITLE		☐ DELETE	. 6.1 Tř	ηE			Change	☐ Addition	
NAME	1		6.2 N	ME	1			1	

14. I hereby certify that the information supplied with this fling does not fluality 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 applied 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 employeed 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZI₽

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP