

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

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

05-05-1999 90070 001 \*\*\*158.75

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<b>PROFIT, CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K01367**

1. Corporation Name  
**GULFSTREAM HARBOR II, INC.**



Principal Place of Business <b>% DALE L. WHITTINGTON 4505 S. GOLDENROD RD ORLANDO FL 32822</b>	Mailing Address <b>% DALE L. WHITTINGTON 4505 S. GOLDENROD RD ORLANDO FL 32822</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9649 TRADEPORT DR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 621148</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/10/1987</b>	
22 <b>Orlando, FL</b> City & State		27 <b>Orlando, FL</b> City & State		4. FEI Number <b>59-2864167</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>32827</b> Zip		28 <b>USA</b> Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>32827</b> Zip		25 <b>USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
26 <b>32827</b> Zip		27 <b>USA</b> Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WHITTINGTON, DALE L.  
4505 S. GOLDENROD RD  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name <b>1</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9649 TRADEPORT DR</b>
83
84 City <b>ORLANDO</b>
85 Zip Code <b>FL 32827</b>

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITTINGTON, DALE</b>		1.2 NAME	
STREET ADDRESS <b>4505 S. GOLDENROD RD</b>		1.3 STREET ADDRESS <b>9649 TRADEPORT DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>ORLANDO FL 32827</b>	
TITLE <b>EVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ZIEGLER, JACK</b>		2.2 NAME	
STREET ADDRESS <b>4505 GOLDENROD RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address with all other like empowered.

SIGNATURE:

**DALE L. WHITTINGTON** 4/28/99

CR2E034 (11/98)