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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K83408

**GULFSTREAM MASONRY CONTRACTORS, INC.** 

Principal Place of Business

Mailing Address

(0)

## FILED May 01 1997 8:00am Secretary of State



350 S CONGRESS AVE B W PALM BCH FL 33406		350 S CONGRESS AVE B W PALM BCH FL 33406-3020			
: .x				3. Date Incorporated or Qualified 04/26/1989	3a. Date of Last Report 02/02/1996
2. POOPS	Poderiness eaglesDr	2a. Mailing Address	is J O	4. FLI Number	Applied For
Sulte, Apt.		26 246 <b>29</b> Suite, Apt. #, etc.	THE LESS	65-0126066	Not Applicable
22 Soile, Apr. 1		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Boynten, Bch. F1 28 B		28 Boynton E	30h.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
ม <sup>zip</sup> 33	436 25 Palm Brd.	29 F1.33436	Palm 13		Yes No
	<ol> <li>Name and Address of Current F NO, FRANCIS G.</li> </ol>	registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
350 W P	8 CONGRESS AVE. B ALM BCH FL 33406	and 607 1508 Florida Statutes	82 Sirect A 83	address (P.O. Box Number is Not Acceptated by Gleneagles)  Constitution Body  Congression submits this statement for the congression submits th	FL 85 Zip Code 424
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the Prove-named of poration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia, with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE ,	Signature, typed or printed name of registered agent a		logistered Agent signature i		DATE
12,	OFFICERS AND (		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PST PLANCIS C	☐ DELETE	1.1 TALE		Change Addition
NAME	PLANO, FRANCIS G. 350 S CONGRESS AVE. B		1.2 NAME	Plana, Debra A.	اسم
STREET ADDRESS	W PALM BCH FL		1.3 STREET ADORESS	4629 Cleneagles D	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY-ST-7IP 2.1 THLE	Boynson 15ch.	F1. 3343 6
NAME	PLANO, FRANCIS G.	_ otti	2.1 IRCL 2.2 NAME	Plano Dehrat.	<i>y</i> - "
STREET ADDRESS	350 S CONGRESS AVE. B		2.3 STREET ADDRESS	4629 Gleneagles	Dr.
	W PALM BCH FL		2 4 CITY - S1 - 7IP	Bountas Bak F	7. 33436
CITY-ST-ZIP TITLE		☐ DELETE	31 TITLE	Doynion Cen. 1	Change Addition
NAME		<del></del>	3.2 NAME		. , –
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ \$1 - 7IP		J
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 0/1Y - ST - Z/P		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME .			6.2 NAME		ĺ
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-2/P		
14. I do hereb Information I am an of	n indicated on this annual report or suc	plemental annual report is truc ic receiver or trustee empower	e and accurate and ed to execute this re	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same legs eport as required by Chapter 607, Florida S	il effect as if made under oath: that I