


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

03644

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90047 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05675

1. Corporation Name

GULFSTREAM EQUITY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

397 NW 35 PL.
ATTN: CLINT NANGLE
BOCA RATON FL 33431
US

397 NW 35 PL.
ATTN: CLINT NANGLE
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1989

4. FEI Number

NOT APPLICABLE

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	2a. Mailing Address
21 500 WEST Hwy. 316	26 500 WEST Hwy. 316
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 CITRA, FL.	27 CITRA, FL.
City & State	City & State
23 32113 MARION	28 32113 MARION
Zip Country	Zip Country
24 <input type="checkbox"/> 25 <input type="checkbox"/>	29 <input type="checkbox"/> 30 <input type="checkbox"/>

9. Name and Address of Current Registered Agent

NANGLE, CLINT
397 NW 35 PL
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **NANGLE, CLINT**
82 Street Address (P.O. Box Number is Not Acceptable)
500 WEST Hwy. 316
83 **CITRA**
84 City **FL** 85 Zip Code **32113**

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.

(NOTE: Registered Agent signature required when reinstating)

3/17/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANGLE, CLINT	1.2 NAME	NANGLE, CLINT
STREET ADDRESS	397 NW 35 PL	1.3 STREET ADDRESS	500 WEST Hwy. 316
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	CITRA, FL. 32113
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

1/6/99

Date

561.361.9540

Daytime Phone #

CR2E034 (11/98)