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PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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SECRETARY OF STATE TALL AHASSLE FLORIDA

GULF ATLANTIC INVESTMENT GROUP, INC.							PLLMIMA					
Principal Plac	e of Business	Mailing Address					i iralirii adi bahi irali irali allir ilali irali	 	HON ONE DIE			
NDAVID R. SA		%DAVID R. SANZ	<u>.</u>									
1901 W. CYPF	ress creek RD.	1901 W. CYPRESS CREE	1901 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309-1864 US									
FT. LAUDERDA US	ALE FL 33309-1884						3. Date incorporated or Qualified	3a Da	ate of Last F	enort .	7	
		••				Ì	03/12/1990		11/1996	ioport		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number	-1 <u></u>	Aı	oplied For		
21		26	4 <u> </u>				65-0184714			ot Applicable	4	
Suite, Apt.	#, etc.	Suito, Apt. #, etc.					5. Certificate of Status Desired			Additional equired		
City & Stat	θ	City & State					6. Election Campaign Financing			May Be	+	
23		28					Trust Fund Contribution			to Fees		
Ζiρ	Country	→ ·			untry		8. This corporation has liability for intangible tax under s. 199.032			. 199.032,	7	
24	9. Name and Address of Currer	29					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
LAP	NZ, DAVID R.	n negleteled Agein		81	Name		Jo. Hame and Address of New No	Bioreion	Agont		1	
	O PARK CENTRAL BLVD SOUTH	ſ		82	Chaot 6	V al al a a a	- /DO Day Number in Not Assessed				-	
	TE 1700					voores	s (P.O. Box Number is Not Acceptat	10)				
POI	MPANO BCH FL 33064			63								
				84	Cily				85 Zip	Code	1	
51 Pureupot	to the provisions of Spotions 607.060	2 and 607 1509 Florida Statu	toe the at	VO.46	nomed (ooroor	ation cubmits this statement for the c	FL	obangina i	lo registered	-	
office of t	registered agent, or both, in the State	of Florida, Such change was	authorized	by	the corp	oration	ation submits this statement for the phi's board of directors. I hereby access	of the app	ointment as	registered		
SIGNATURE	im ramiliar with, and accept the oblig	ations of, Section 607.0505, r	ionoa Stat	utes	s.							
SIGNATURE	Signature, typed or printed hame of registered age		1£ Registered	Age	nt signature r	beniupen	when reinstating)	DATE			_	
12.				13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	RS IN 12	80/0	
NAME I	SANZ, DAVID R.			1.1 TITLE 1.2 NAME			3000023	1 21				
STREET ADDRESS	1100 PARK CENTRAL BLVD.	SOUTH, SUITE 1700					-10/06/:	47n	1168(109	FUZZ	
CITY-ST-ZIP	POMPANO BCH FL			Y - S	T-ZIP		****385		****3		18	
TITLE		☐ DELETE	21 111	LE					Change	Addition	70	
NAME				2.2 NAME				1. 30	owa.			
STREET ADDRESS				: 3 STREET ADDRESS : 4 City - St - Zip			-10/4/4/	XX	168-	110		
CITY-ST-ZIP TITLE				LF	1-212		*****	.00	A TOMAN	Ruition	-	
NAME			3 2 NA	32 NAME							\	
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TITLE		☐ DELETE	4.1 TITLE 4.2 NAM		}		新新原本 <u>1</u> 0	.5. UU	Talousude +	CTELF Addition	1	
NAME Street address)					ADDRESS							
CITY-ST-ZIP			4.3 011		1							
TITLE	4	☐ DELETE	5.1 TITLE						Change	Addition	1	
NAME	•		5.2 NAMÉ									
STREET ADDRESS					ADDRESS							
CITY-SI-ZIP		□ DELETE	5.4 CII		T-ZIP				Change	☐ Addition	4	
TITLE NAME		<u> </u>		1 TITLE 2 NAME			\bigcirc		Li Oraniye			
STREET ADDRESS			6.3 STREET ADDRESS				(M)					
CITY OT . 7ID			6.4 CITY - 9		, t		/ N~				1	

14. I do 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 eath; that I am an officer or director of the corporation on 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 charged, or pri an attachation with an address.

8/27/47