

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L95426** (7)

1. Corporation Name

GULFSTREAM FINANCIAL GROUP, INC.



Principal Place of Business

621 NW 53 ST. STE 330
BOCA RATON FL 33487

Mailing Address

621 NW 53 ST. STE 330
BOCA RATON FL 33487

2. Principal Place of Business

21 **6400 CONGRESS AVE.**

Suite, Apt. #, etc.

22 **SUITE 200**

City & State

23 **BOCA RATON FL**

Zip

24 **33487**

Country

25 **USA**

2a. Mailing Address

26 **6400 CONGRESS AVE**

Suite, Apt. #, etc.

27 **SUITE 200**

City & State

28 **BOCA RATON FL**

Zip

29 **33487**

Country

30 **USA**

3. Date Incorporated or Qualified

08/23/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0212776

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**POLIMENI, DOMINIC A
GULFSTREAM FINANCIAL GROUP INC
621 NW 53RD ST, STE 330
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name **POLIMENI, DOMINIC A.**
82 Street Address (P.O. Box Number is Not Acceptable) **GULFSTREAM FINANCIAL GROUP, INC.**
83 **6400 CONGRESS AVE., SUITE 200**
84 City **BOCA RATON, FL** 85 Zip Code **33487**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Dominic A. Polimeni (**DOMINIC A. POLIMENI**) **6/27/96**

Signature typed or printed name of registered agent in the filing jurisdiction

(If title, position, agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUBITOSI, JOAN R.	
STREET ADDRESS	3179 ST. ANNES DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLIMENI, DOMINIC A.	
STREET ADDRESS	6567 NEWPORT LAKE CR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address

SIGNATURE: *Dominic A. Polimeni*
DOMINIC A. POLIMENI
Dominic A. Polimeni

6/27/96 (407)241-3355
Date Date-Phone#

CR2E034 (12/95)