


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

FILED

Apr 25 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **L95426** (7)

1. Corporation Name  
**GULFSTREAM FINANCIAL GROUP, INC.**

|                                                                                                   |                                                                                            |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>6400 CONGRESS AVENUE<br/>200<br/>BOCA RATON FL 33487<br/>US</b> | Mailing Address<br><b>6400 CONGRESS AVENUE<br/>200<br/>BOCA RATON FL 33487-2810<br/>US</b> |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|



|                                              |                                              |                                                                                                            |            |                                                                                                                                                             |                                              |
|----------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business               |                                              | 2a. Mailing Address                                                                                        |            | 3. Date Incorporated or Qualified<br><b>08/23/1990</b>                                                                                                      | 3a. Date of Last Report<br><b>07/03/1996</b> |
| 21 Suite, Apt. #, etc.<br><b>SUITE 200 A</b> | 26 Suite, Apt. #, etc.<br><b>SUITE 200 A</b> | 4. FEI Number<br><b>65-0212776</b>                                                                         |            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                      |                                              |
| 22 City & State                              | 27 City & State                              | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |            | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |                                              |
| 23 Zip                                       | 25 Country                                   | 29 Zip                                                                                                     | 30 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                                                                                                              |  |                                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                                                                              |  | 10. Name and Address of New Registered Agent                                                                                                                                                                  |  |
| <b>POLIMENI, DOMINIC A</b><br><b>6400 CONGRESS AVE, SUITE 200</b><br><del><b>621 NW 53RD ST, STE 830</b></del><br><b>BOCA RATON FL 33487</b> |  | 81 Name <b>POLIMENI, Dominic A</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>6400 CONGRESS AVENUE</b><br>83 <b>SUITE 200 A</b><br>84 City <b>BOCA RATON, FL</b> 85 Zip Code <b>33487</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: *Dominic A. Polimeni* DATE: **4/21/97**  
(NOTE: Registered Agent signature required when reinstating)

|                            |                                          |                                                       |                                                                              |
|----------------------------|------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GUBITOSI, JOAN R.</b>                 | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>3179 ST. ANNES DRIVE</b>              | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>                     | 1.4 CITY-ST-ZIP                                       | <b>BOCA RATON, FL 33496</b>                                                  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>POLIMENI, DOMINIC A.</b>              | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>6567 NEWPORT LAKE CR</b>              | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>                     | 2.4 CITY-ST-ZIP                                       | <b>BOCA RATON, FL 33496</b>                                                  |
| 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Dominic A. Polimeni* DATE: **4/21/97** (561) 241-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)