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

PROFIT CORPORATION ANNUAL REPORT



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

1996				
DOCUMENT	#			

1. Corporation Name
GULF SOUTH FOREST PRODUCTS, INC.

|--|

BUILDING L	f Business ERAL HIGHWAY RDALE FL 33306	Mailing Address P.O. BOX 39299 FORT LAUDERDALE FL	. 33339		3. Date locomorated or Qualified	3a. Date of Last	1995
2. Principal Plac	e of Business	2a. Malling Address			4. FEI Number 0002925		Applied For
21	-1.	26 Suite Apt # sto				\$9.7	Not Applicable 5 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Aug	ed to Fees
Zip	Country	Zip 29	Country 30	,	This corporation has liability for in Florida Statutes Yes		199.032,
24	25 29 30 FRONDA STATUTES LINE 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			81	Name			
YOHANAN, SAM			82	12 Street Address (P.O. Box Number is Not Acceptable)			
3038 NORTH FEDERAL HIGHWAY BUILDING L			83			 	
FORT L	AUDERDALE FL 33306					85 2	ip Code
			84	'		FL T	
or registere familiar with SIGNATURE	d agent, or both, in the State of Florid , and accept the obligations of, Section , grature, typed or printed name of registered agent	a. Such change was authorized on 607.0505, Florida Statutes.	d by the con	poration's bo	oration submits this statement for the purp and of directors. I hereby accept the apport	intment as registere	d agent. I am
12.	OFFICERS AND		13.	ik digi dise toto.	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	DPT	DELETE	1. 1 TITLE			☐ Change	
NAME	YOHANAN, SAM	_	1.2 NAME				
STREET ADDRESS	3038 N FED HWY BLDG L		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZIP			
TITLE	DS	☐ DELETE	2. 1 TITLE			☐ Change	Addition
NAME	YOHANAN, JOHN	•	2.2 NAME				
STREET ADDRESS	3038 N FEDERAL HWY BLD	GL	23 STREE	T ADDRESS			
C(1) Y - ST - 7/P	FORT LAUDERDALE FL		24 City-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-S1-71P			3.4 CITY -			El Change	Addition
T₁TLE		☐ DELETE	4. 1 TITLE			☐ Change	E Macricon
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY - 5. 1 TITLE			Change	Addition
TITLE		Dotter	5.1 NAME			□ ae\$.	L
NAME				T ADDRESS			
STREET ADDRESS			54 CITY-				
CITY-ST-ZIP TITLE		DELETE	6 1 TiTLE			☐ Change	Addition
			62 NAME				-
NAME STREET ADDRESS		_		ET ADDRESS			
			6.4 CITY				
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily urnis	shed and do	os not qualify	for the exemption stated in Section 119.	07(3)(k), Florida Stat	utes. I further
certify that oath; that I	the information indicated on this annual am an officer or director of the correl Block 12 or Block 13 if charged, or o	al epor e supplementa annu etion or the receiver o trustee	al report is t empowered	rue and accu I to execute t	rate and that my signature shall have the his report as required by Chapter 607, Flo	same legal effect as orida Statutes; and t	that my name

SIGNATURE: