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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M94288

(1)

GULFSTREAM WORLDWIDE, INC.

Principal Place of Business Mailing Address 4505 8 GOLDENROD RD 4505 8 GOLDENROD RD

FILED May 16 1997 8:00am Secretary of State

ONDANDO PL S	\$262 <u>2</u>	US US 2822-7122			İ				
US		US			3. Date Incorporated or Qualified 08/12/1988	3a. Da	ite of L 01/19		port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Apr	lied For
21		26			59-2918408			Not	Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X	•	. 75 Ad	dditional uired
City & State		City & State			6. Election Campaign Financing		\$5	5.00 A	Jay Bo
23		28	i		Trust Fund Contribution			dded to	
Zip	Country	Zip	Cour	try	8. This corporation has liability for	ntangible	tax un	der s.	199.032,
24	25	29	30		Florida Statutes] Yes [] No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered /	∖gent		
FOS	TER, TOMPKINS A.		1	Name					
20 1	NORTH ORANGE AVE.		<u>}</u>	82 Street Add	ress (P.O. Box Number is Not Acceptab	(ما			
	TE 600		- 1	Olicel 1100	abb (i .o. box ramber is not redeptate	,			
	ANDO FL 32801		- [83					
J				84 City			lar I	Zip C	
		•		City		FL	85	Zip C	Jud
agent. I a	registered agent, or both, in the Stak im familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607,0505, F	authorized Iorida Statu	by the corpora ites.	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointme	int as r	egistered
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		Agent signature requ	ired when reinstating)	DATE			
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D	☐ DELETE	1.110				Ch	ange	Addition
NAME	WHITTINGTON, DALE		1.2 NAI						
STREET ADDRESS	4505 S. GOLDENROD RD.			EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	Delete	~~~	V-SI-ZIP			176		Addition
TITLE	0	☐ DELETE	21 1111	ì			L_ Ch	ange	Addition
NAME	ZIEGLER, JACK		2.2 NA						
STREET ADDRESS	4505 S. GOLDENROD RD.		1	EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	DELETE		Y-ST-ZIP			110		Addition
TITLE .			3.1 1111				UII	ange	Addition
NAME			3.2 NAI	1					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4 CI	Y-ST-ZIP			Ch	22000	Addition
NAME		المال المال	4. 2 NA	-				ลามูซ	AUUIIIUII
				l					
STREET ADDRESS				EET ADDRESS	•				
CITY-ST-ZIP TITLE		DELETE	5.1 [III]	Y-ST-ZIP			Ch	ange	Addition
NAME		LJ DELECT	5.1 JUL 5.2 NAI	1			UI	ongo	المارانين المارانين
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CiT 6.1 TiTi	Y-ST-ZIP			☐ Ch	nange	Addition
NAME			6.2 NA				اں ہے	ungo	rigation
STREET ADDRESS				REET ADDRESS					
CITY-ST-7/P	i		■ 64 CIT	Y - ST - Z(P					

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 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