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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005199**

1. Corporation Name
GULFSTREAM GARDEN APRATMENTS II, INC.

Principal Place of Business	Mailing Address
329 SE 3RD ST. HALLANDALE FL 33009	329 SE 3RD ST. HALLANDALE FL 33009

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 2626	3. Date Incorporated or Qualifed 09/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0792333 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 HALLANDALE, FLA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33008 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COLE, JACK
329 SE 3RD ST.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Rose Marie Welling
82 Street Address (P.O. Box Number is Not Acceptable): 329 SE 3rd Street
83 Hallandale, FL 33009
84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Rose Marie Welling — 3/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	COLE, JACK J		1.2 NAME	Jack Bledsoe	
STREET ADDRESS	329 SE 3RD ST., APT 501T		1.3 STREET ADDRESS	329 SE 3rd Street	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	DV	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	DONSKY, AL		2.2 NAME	Al Dansky	
STREET ADDRESS	329 SE 3RD ST.		2.3 STREET ADDRESS	329 SE 3rd Street	
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	DT	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	STEWART, VIOLA		3.2 NAME	Carl Hogue	
STREET ADDRESS	329 SE 3RD ST.		3.3 STREET ADDRESS	329 SE 3rd Street	
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	PATTY, LOUISE		4.2 NAME	Samuel Kaplan	
STREET ADDRESS	329 SE 3RD ST.		4.3 STREET ADDRESS	329 SE 3rd Street	
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	DV	☐ DELETE	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	Rose Marie Welling		5.2 NAME	Louise Paty	
STREET ADDRESS	329 SE 3rd Street		5.3 STREET ADDRESS	329 SE 3rd Street	
CITY-ST-ZIP	Hallandale, FL 33009		5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Rita Lederer		6.2 NAME		
STREET ADDRESS	329 SE 3rd St.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Hallandale, FL 33009		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Marie Welling — 3/22/99 — (954) 456-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #