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 # P93000006532 (4)

1. Corporation Name

GULFSTREAM METAL PLATING, INC.

Principal Place of Business	Mailing Address
2701 NW 55TH CT. FT. LAUD FL 33309 US	2701 NW 55TH CT. FT. LAUD FL 33309 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 03/21/1995
4. FEI Number: 59-3164430 [ ] 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**

HALLOWES, BORDEN R
1409 KINGSLEY AVENUE
ORANGE PARK FL 32073

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	[ ] DELETE
NAME	SCHNORR, JOHN L	
STREET ADDRESS	POST OFFICE BOX 698	
CITY-ST-ZIP	WILLISTON FL	
TITLE	VP	[ ] DELETE
NAME	SCHNORR, J P	
STREET ADDRESS	POST OFFICE BOX 698	
CITY-ST-ZIP	WILLISTON FL	
TITLE	P	[ ] DELETE
NAME	PHILLIPS, JAMES B.	
STREET ADDRESS	2701 NW 55TH CT	
CITY-ST-ZIP	FT. LAUD FL	
TITLE	VP	[ ] DELETE
NAME	RAINBOTH, JOE	
STREET ADDRESS	~~2251 SW 36TH ST.~~	
CITY-ST-ZIP	FT. LAUD FL	
TITLE	ST	[ ] DELETE
NAME	CUEVAS, VILMA	
STREET ADDRESS	2701 NW 55TH CT	
CITY-ST-ZIP	FT. LAUD FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[X] Change [ ] Addition
4 NAME		
4 STREET ADDRESS	2701 NW 55 CT.	
4 CITY-ST-ZIP	FT. LAUD, FL 33309	
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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.

SIGNATURE: Vilma Cuevas — 04/03/96 (954) 735-0086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VILMA CUEVAS SEC/TR

CR2E034 (12/95)