

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90095 048 ***150.00

DOCUMENT # P93000035845

1. Corporation Name

GULFSTREAM LOMAS PARKING INC.

Principal Place of Business

4505 SOUTH GOLDENROD RD.
ORLANDO FL 32822

Mailing Address

4505 SOUTH GOLDENROD RD.
ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

4. FEI Number

59-3196537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

No

2. Principal Place of Business

21 1020 NW 62 ST

Suite, Apt. #, etc.

22

City & State

23 FT Lauderdale, FL

Zip

24 33309

Country

25

2a. Mailing Address

26 PO BOX 81200

Suite, Apt. #, etc.

27

City & State

28 Albuquerque, NM

Zip

29 87198

Country

30

9. Name and Address of Current Registered Agent

ZIEGLER, JACK
4505 S. GOLDENROD ROAD
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name KEELY Whittington

82 Street Address (P.O. Box Number is Not Acceptable)

83 1020 NW 62 ST

84

City Ft Lauderdale

FL

85 Zip Code 33309

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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WITTINGTON, DALE L
STREET ADDRESS 4505 SOUTH GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL 32822
☒ DELETE

TITLE
NAME EVP
STREET ADDRESS 4505 S GOLDEN ROD RD
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KEELY Whittington
1.3 STREET ADDRESS PO BOX 81200
1.4 CITY-ST-ZIP ALBUQUERQUE NM 87198
☒ Change ☒ Addition

2.1 TITLE
2.2 NAME ROBERTA Whittington
2.3 STREET ADDRESS PO BOX 81200
2.4 CITY-ST-ZIP ALBUQUERQUE NM 87198
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #