**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90057 012 \*\*\*450.00

Mailing Address

**PROFIT** CORPORATION , ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000052107

1. Corporation Name

Principal Place of Business

GULF EQUITIES CORP.

SUITE 512 SUITE 512										
	LAUDERDALE FL 33334 FT LAUDERDALE FL 33334					- DO NOT WRITE IN THIS SPACE				
US		US			3	3. Date Incorporated or Qualifed 07/26/1993				
2 Principal Pl	ace of Business	2a. Mailing Address			4	4. FEI Number		1	Applied For	
21		26			İ	NOT APPLICABLE			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status Desired				
City & State		City & State			<del></del>	6. Election Campaign Financing			0 May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	_ Country		8	<ol><li>This corporation owes the cu</li></ol>	rrønt year Int			
24				Personal Property Tax.						
	9. Name and Address of Curren	it Registered Agent				<ol><li>Name and Address of New</li></ol>	Registered .	Agent _		
044	AICDI TIIONAAA I		81	Name		•				
	MERI, THOMAS J BRICKELL AVE 6TH FLOOR			Street A	Address	Address (P.O. Box Number is Not Acceptable)				
	E 1401									
MIAN	II FL 33131		84	City			FL	85 Zi	p Code	
				<u></u>				_بلـــاب		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	the corpo	corporati oration's l	ion submits this statement for the board of directors. I hereby according to the control of the	e purpose or ept the appoi	ntment as	registered	
SIGNATURE		at and title if applicable (NOTE: Pr	aistored Age	at signature re	required when	in reinstating)	DATE			
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it algulatore re	10001100 11110	ADDITIONS/CHANGES TO O		ID DIRECT	TORS IN 12	
12.	D OFFICERS AN	DELETE	1.1 TITLE		T	ADDITIONS OF A TOO	I IOENO AI	Chang		
TITLE	UELLENDAHL, SVEN D		1.2 NAME							
NAME	600 CORPORATE DRIVE 512									
STREET ADDRESS				FADDRESS	ļ					
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	1.4 CITY-S	T-ZIP	_			Chang	e Maddition	
TITLE	0	L. DELETE	2.1 TITLE					☐ Criaing		
NAME	COLLINS, JOHN D		2.2 NAME	i	İ				1	
STREET ADDRESS	600 CORPORATE DRIVE 512		2.3 STREE	FADDRESS				-		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-5	IT-ZIP					- 5 110-	
TITLE		☐ OELETE	31 TMLE	ì				Chang	e	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRESS						
CITY-ST-ZIP			3.4. CITY-5	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Chang	e	
NAME			4.2 NAME	1						
STREET ADDRESS			4.3 STREE	TADDRESS					1	
CITY-ST-ZIP			4.4 CITY- S	T•ZIP				<del></del>		
TITLE		☐ DELETE	5.1 TITLE	T				. ☐ Chang	e 🗀 Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS					Į	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					]	
TITLE		☐ DELETE	6.1 TITLE					☐ Chang	e	
NAME			6.2 NAME							
STREET ADDRESS	•		6.3 STREE	TADDRESS						

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR