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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:13

DOCUMENT # **P93000052228 (2)**

1. Corporation Name

GULF HOUSING CORP.

Principal Place of Business	Mailing Address
19495 BISCAYNE BLVD. SUITE 902 NORTH MIAMI BEACH FL 33180	19495 BISCAYNE BLVD. SUITE 902 NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1993**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business	2a. Mailing Address
21 **600 Corporate Drive**	26 **600 Corporate Drive**
Suite, Apt. #, etc. 22 **Suite 512**	Suite, Apt. #, etc. 27 **Suite 512**
City & State 23 **Ft. Lauderdale, Florida**	City & State 28 **Ft. Lauderdale, Florida**
Zip: 24 **33334** Country: 25 **U.S.A.**	Zip: 29 **33334** Country: 30 **U.S.A.**

4. FEI Number: **65-0426403** ☐ 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	10. Name and Address of New Registered Agent
PALMIERI, THOMAS J **801 BRICKELL AVE.** **SUITE 1401** **MIAMI FL 33131**	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 _____
Signature, type or print name of registered agent and title if agent is a corporation — NOTE: Registered Agent signature required and mandatory — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	UELLENDAHL, SVEN D	12 NAME	UELLENDAHL, SVEN D.
STREET ADDRESS	19495 BISCAYNE BLVD., STE. 902	13 STREET ADDRESS	600 Corporate Drive, #512
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	COLLINS, JOHN D	22 NAME	COLLINS, JOHN D.
STREET ADDRESS	19495 BISCAYNE BLVD., STE. 902	23 STREET ADDRESS	600 Corporate Drive, #512
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with the title or authority as to each.

SIGNATURE: S. Uellendahl **Sven D. Uellendahl** 2.27.95 **305-492-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0197263 CP