FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000052228 (2) **DOCUMENT #**

GULF HOUSING CORP.

Principal Place of Business Mailing Address							LE BARN MAIAN BIINK NANA NA	***************************************
600 CORPORATE DRIVE SUITE 512 FT LAUDERDALE FL 33334 US		SUITE 512	600 CORPORATE DRIVE SUITE 512 FT LAUDERDALE FL 33334 US					
						3. Date incorporated or Qualified 07/26/1993 3a. Date of Last Report 02/24/1995		
1.11	Place of Business	2a. Mailing /	Address			4. FEI Number 65-0426403		Applied For Not Applicable
Suite, Apt	#. etc.		pt. #, etc.			-	\$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stal	le	City & S 28	itate			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
23	Country	Zip	. <u></u>	Country		8. This corporation has liability for		
24	25	29		30		Florida Statutes	s No	
	9. Name and Address of Curr	ent Registered Ag	jent			10. Name and Address of New	Registered Agent	
				81	Name P	ALMIERI, THOMAS J.		
PALMIERI, THOMAS J 801 BRICKELL AVE.				82	82 Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE.			
SUITE	1401				6th F			
MIAM	FL 33131			84	City MI	AMI		Zip Code 33131
or registe	t to the provisions of Sections 607.05 ered agent, or both, in the State of Fle vith, and accept the obligations of, Se	orida. Such change	was authorized	, the above by the corp	named corpoi oration's boa	ration submits this statement for the p rd of directors. I hereby accept the ap	urpose of changing its pointment as registere	registered office ad agent. I am
SIG VATORIC	Signature, typed or printed name of registered ag		(NOTE		nt signature require	d when reinstating)	DATE	ODE IN 12
12.	OFFICERS A	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO O	FRICERS AND DIRECT	
TITLE NAME	UELLENDAHL, SVEN D	_] beter	1.2 NAME				—
STREET ADDRESS	ANA CODDODATE DONE	512		1.3 STREE	ADDRESS			
CITY ST 21P	FT LAUDERDALE FL			1.4 City-	ST - ZiP			
TOTLE	D		DELETE	2 1 THLE			☐ Change	e 🔲 Addition
NAME	COLLINS, JOHN D			2 2 NAME				
STREET ADDRESS		512			RESERDOR			
CHY-ST ZIP	FT LAUDERDALE FL		DELETE	24 CITY-	ST - ZIP		☐ Change	e 🔲 Addition
NAME			J DELECT.	3.2 NAME				
STREET ADDRESS					T ADDRESS			
CI*▼-ST-ZIP				3.4 CHY-	ST - ZHP			
111; F			DELETE	4. 1 TITLE			Change	e 🔲 Addition
NAME				4.2 NAME				
STREET ADDRESS	5				T ADDRESS			
Ci1Y - S1 - ZiF			DELETE	4.4 CITY -			[7] Changi	e 🔲 Addition
1/11/6		L	ם מנננונ	5 1 TITLE 52 NAME			டு கூடி	
NAME CLOCKL ADDRESS					T ADDRESS			
STREET ADDRESS CITY+S*-ZIP	` 			5.4 CITY				
101(f			DELETE	6 1 TITLE			Chang	e 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS	5			6.3 STREE	T ADDRESS			
0/1// 01 7/2				6.4 DITY	CT. 71D			

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)(k), 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:

3/12/96

954-492-9191

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)