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

PROFIT \*\*
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060984 (0)

GULFSTREAM HARBOR SALES, INC.

Principal Place of Business Mailing Address 4505 SOUTH GOLDENROD ROAD 4505 SOUTH GOLDENROD ROAD ORLANDO FL 32822-7122 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 08/27/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3210252 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 17 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIEGLER, JACK 4505 SOUTH GOLDENROD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDÓ FL 32822 83 City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE WHITTINGTON, DALE L 1.2 NAME NAME 4505 SOUTH GOLDENROD ROAD STREET ADURESS 1.3 STREET ADDRESS **ORLANDOO FL 32822** 1.4 CITY-ST-ZIP EXEC VICE PRESIDENT DELETE Addition 3111 2.1 TITLE ZIEGLER, JACK 4505 5 Goldenrob Rd 2.2 NAME NAME 2.3 STREET ADDRESS Oplando, FL 32822 2 4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TIPLE 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY - ST - ZIP CITY- ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIF DELETE Change Addition S 1 TITLE Table 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP THE DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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(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.

FILED
May 19 1997 8:00am
Secretary of State

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