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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90056 040 \*\*\*150.00

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1. Corporation Name

GIBALTAR FINANCIAL CORPORATION

Principal Place of Business

18590 N.W. 67TH AVE  
MIAMI FL 33015  
US

Mailing Address

18590 N.W. 67TH AVE.  
MIAMI FL 33015  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 220 Alhambra Circle

Suite, Apt. #, etc.

22 Fifth Floor

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25 US

2a. Mailing Address

26 220 Alhambra Circle

Suite, Apt. #, etc.

27 Fifth Floor

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30 US

3. Date Incorporated or Qualified

10/22/1993

4. FEI Number

65-0444764

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME HAYWORTH, STEVEN D

STREET ADDRESS 7667 S W 52BD KABE

CITY-ST-ZIP MIAMI FL 33143

TITLE D ☒ DELETE

NAME LUIS CRUZ

STREET ADDRESS 3640 S.W. 129 AVE

CITY-ST-ZIP MIAMI FL

TITLE C ☐ DELETE

NAME DAVID KIRLAND

STREET ADDRESS 235 WELLS RD

CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE

NAME DYKE, JAMES T

STREET ADDRESS 309 CENTER ST

CITY-ST-ZIP LITTLE ROCK AR 72201

TITLE D ☐ DELETE

NAME KRAMER, TERRY A

STREET ADDRESS 137 MURRAY LANE

CITY-ST-ZIP SOUTH HAMPTON NY 11768

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Tony Caron, CFO

4/29/99

(305) 476-5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)