FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:59
SEC. OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079983 (1)**

1. Corporation Name
GULFSTREAM INTERCOASTAL REALTY, INC.

Principal Place of Business	Mailing Address
950 N. COURTENAY PKWY. STE. A-11 MERRITT ISLAND FL 32953 US	2110 HIDDEN GROVE LN. MERRITT ISLAND FL 32953 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21 950 N. Courtenay Pkwy	26 950 N. Courtenay Pkwy
Suite, Apt. #, etc. 22 Suite 11A	Suite, Apt. #, etc. 27 Suite 11A
City & State 23 Merritt Island FL	City & State 28 Merritt Island FL
Zip / Country 24 32953 / 25 Brevard	Zip / Country 29 32953 / 30 Brevard

4. FEI Number: 59-3226053 ☐ 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

HOLMES, ALAN
2110 HIDDEN GROVE LN.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 950 N. Courtenay Pkwy
83 Suite A11
84 City: Merritt Island FL 85 Zip Code: 32953

11. Pursuant to the provisions of Sections 607.1502 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. Each 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 _____ DATE 5/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOLMES, ALAN	12 NAME	
STREET ADDRESS	2110 HIDDEN GROVE LANE	13 STREET ADDRESS	950 N. Courtenay Pkwy, St. 11A
CITY ST ZIP	MERRITT ISLAND FL 32953	14 CITY ST ZIP	Merritt Island FL 32953
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOLMES, SHIRLEY	22 NAME	
STREET ADDRESS	2110 HIDDEN GROVE LANE	23 STREET ADDRESS	950 N. Courtenay Pkwy, St. 11A
CITY ST ZIP	MERRITT ISLAND FL 32953	24 CITY ST ZIP	Merritt Island FL 32953
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	500001489865
CITY ST ZIP		34 CITY ST ZIP	-05/17/95--01016--004
TITLE		41 TITLE	****225.00 ****225.00
NAME		42 NAME	☐ Change ☐ Addition
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	5-1-95 +-9
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 added on an attachment with an address.

SIGNATURE: _____ Alan G. Holmes 5/10/95 (407)453-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043T104 FP