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

**PROFIT CORPORATION** ANNUAL REPORT

1998

21

22

23

24

TITLE

TITLE

NAME

CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - ST - ZIP

4.4 CITY - ST- ZIP

DOCUMENT # 1. Corporation Name P93000081079 (4)

GAUSTAD INVESTMENTS, INC.

DELETE

DELETE

**FILED** May 15 1998 8:00am Secretary of State

<u> 1801/00: 200 10:00 (611) 06:11 06:11 06:11 00:11 00:10 00:16 10:02 11:01 10:11 10:</u>

Principal Place	e of Business	Mailing Address					*****	14814 1811 1841	
1130 NORTH FLAGLER DRIVE FT. LAUDERDALE FL 33304		1130 NORTH FLAGLER DRIVE FT. LAUDERDALE FL 33304							
						DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualified 11/24/1993		į	
2. Princinal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
1		26				56-0450476	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.					ssired \$8.75 Additional		
2		27						Required	
City & State	)	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Cor	intry		8. This corporation owes or has paid the curr	ent year ] Yes	Intangible  No	
[4]	25   9. Name and Address of Curre	29	30		•	Personal Properly Tax due June 30.  10. Name and Address of New Registered A			
VE	<del></del>	unt magnatorea Againt		81	Namo	10, Humo and Addicas of Hom Hogistorou A	gon		
	NNEY-GAUSTAD, DIANE BON FLAGLER DR								
_			82		Street Ado	dress (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33304				83					
	^								
				84	City	FL	85 Z	tip Code	
office or re agent. I a	to the provisions of Sections 607.05 oglstered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such ch <b>ance w</b> a	as authorize	d by	the corpora	rporation submits this statement for the purpose of attor's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the appointment of t	changing	g its registered as registered	
SIGNATURE	Signature: Typed or product name of registered a	gentano (de dagrido able	NOTE: Registere	d Age	nt signature requ	uired when reinstating) DATE			
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 1	TLE			Chang	ge 🔲 Addition	
NAME	GAUSTAD, JOHN		1.2 N.	AME					
STREET ADDRESS	1130 N FLAGLER DR		135	TREET	ADDRESS			J	
CITY-ST-ZIP	FT. LAUDERDALE FL		140	TY-S	1 - ZIP				
TITLE		DELETE	2.1 TI	TLE			Chang	ge 🔲 Addition	
NAME			2.2 N	AME	}				
STREET ADDRESS			2.3 \$1	REET	ADORESS				
CITY-ST-ZIP			2.40	3TY-5	ST - ZIP				
TITLE		☐ DELETE	3.1 ]	TLF	1	İ	Chang	ge 📙 Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$1	rree t	ADDRESS				
CITY-ST-ZIP			3.4, C	ΠY-5	ST-ZIP				
TITLE		DELETE	4.1 ]	TLE			Chang	ge 🔲 Addition	
NAME			4.26	AME				į	
STREET ADDRESS			4.3 S	TREET	ADDRESS				

600002527206 -05/18/98--01046--035 \*\*\*300,00 14. Thereby certify that the information supplied with this filing does indicated on this annual ropath of supplemental amount report is officer or director of the completation or the receiver of trusted or Block 12 or Block 13 if changed by an an attacture if with an A snot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information you and accurate and that my signature shall have the same legal effect as if made under eath; that I am an impowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CICNATURE.

4104- 9X

954) 765 5666

Channe

Change

Addition