

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000050437 (0)

1. Corporation Name

GULFSTREAM FINANCIAL CONSULTANTS, INC.

**200001514032
-06/15/95--01062--023
*****208.75 *****208.75**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 931 VILLAGE BLVD.

2a. Mailing Address

26 SAME

4. FBI Number

650508170

Applied For

Not Applicable

Suite, Apt. #, etc.

22 905

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 WEST PALM BEACH

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33409

Country

25 PALM BEACH

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GRIMSLEY, CHARLES J
9600 NW 38TH ST., SUITE 200
PHOENIX AMERICAN PLAZA
MIAMI FL 33178**

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: **CHARLES J. GRIMSLEY**

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when installing

DATE

12. OFFICERS AND DIRECTORS

**TITLE: DPS
NAME: DOLAN, ROBERT
STREET ADDRESS: 7444 ROYAL PALM BLVD. 931 VILLAGE BLVD
CITY, ST, ZIP: MARGATE FL 33063 WEST PALM BCH #905 FL**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Dolan

1/20/95

1-800-5038660