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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060095

1. Corporation Name

GULFSTREAM ADVERTISING ENTERPRISES, INC.

Principal Place of Business

4505 GOLDENROD RD.
ORLANDO FL 32812

Mailing Address

4505 GOLDENROD RD.
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1994

4. FEI Number

59-3306711

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

2. Principal Place of Business

21 9649 Tradeport Dr
Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32827

Country

25 USA

2a. Mailing Address

26 P.O. Box 621148
Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32827-148

Country

30 USA

9. Name and Address of Current Registered Agent

ZIEGLER, JACK
4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

DALE WHITTINGTON

82 Street Address (P.O. Box Number is Not Acceptable)

9649 TRADEPORT DR

83

84 City

Orlando

FL

85 Zip Code

32827

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.

Dale Whittington

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D WHITTINGTON, DALE
STREET ADDRESS 4505 S. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ DELETE

NAME EVP
STREET ADDRESS ZIEGLER, JACK
CITY-ST-ZIP 4505 S GOLDEN ROD RD
ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

9649 TRADEPORT DR
ORLANDO FL 32827

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Whittington

DATE

4/28/99

Daytime Phone #

CR2E034 (11/98)