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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000061320 (5) GULF STREAM INTERNATIONAL, INC. Principal Place of Business Mailing Address 3599 23 AVE S 3599 23 AVE S SUITE 9 DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 08/16/1994 2. Principal Place of Business Mailing Add es Applied For 26 54-1721968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30, 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DENTON, ROBERT M 3599 23RD AVE 9 82 Street Address (7) **LAKE WORTH FL 33461** 83 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change DENTON, ROBERT M NAME 1.2 NAME 639 EAST OCEAN AVE., STE. 109 STREET ADDRESS 1.3 STRFET ADDRESS **BOYTON BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE DENTON ROBERT 22 NAME NAME 3599 23RD AVE #9 STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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 affairment with an address.

4.4 CITY - ST- ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

Change

Change

Addition

noifibbA 🔲

FILED

Jan 21 1998 8:00am