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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000068225 (9)

1. Corporation Name

GULFSTREAM INSURANCE AGENCY, INC.

Principal Place of Business

5914 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address

5914 JOHNSON STREET
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

59-3289557

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

21 5833 Johnsons Street

Suite, Apt. #, etc.

22

City & State

23 Hollywood, FL.

Zip

24 33021

Country

25 Broward

2a. Mailing Address

26 5833 Johnson Street

Suite, Apt. #, etc.

27

City & State

28 Hollywood, FL.

Zip

29 33021

Country

30 Broward

9. Name and Address of Current Registered Agent

FRANDSEN, JEAN S
5914 JOHNSON STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

JEAN S. FRANDSEN

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

5833 Johnson Street

83

84 City

Hollywood, Florida

FL

85 Zip Code

33021

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 Jean S. Frandsen, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

February 11, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FRANDSEN, JEAN
STREET ADDRESS 5914 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME JEAN FRANDSEN
1.3 STREET ADDRESS 5833 Johnson Street
1.4 CITY-ST-ZIP Hollywood, FL 33021

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 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.

SIGNATURE

Jean S. Frandsen, President

CR2E034 (1097)