**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

1999

## DOCUMENT # P95000007197

GULFSTREAM ATLANTIC CONSTRUCTION, INC.

Principal Plac	e of Business	Mailing Address			i efferidet er e editi mirts deret detti netti netti	#\$151 FBB #1 11#11		
•	ND PARK BLVD.	120 E. OAKLAND PARK BLVD.						
SUITE 105 SUITE 105								
FT. LAUDERDALE FL 33334 FT, LAUDERDALE FL 33334					DO NOT WRITE IN THIS SPACE			1
					3. Date Incorporated or Qualifed			[
					01/22/1995		D 45	1
2. Principal F	Tace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	polied For	1
21		26			65-0653357	<del></del>	ot Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>~</b>	Additional equired	}
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees,			}	
23		_ 28		<u></u>			io rees.	
Zip	- Country	Zip 30	Country	<i>'</i>	This corporation owes the current year In Personal Property Tex.	tangibie ☐ Yes	Z No	
24	9. Name and Address of Curren				10. Name and Address of New Registered	Agent /	<del>/^-</del>	1
	5. Hallis Grid Francisca Dr. Walter		81	Name				]
IMPE	ERATO, ROBB		L	ļ	(D.C. D. N. haria N.A. Assarbla)			1
973 S.W. 14TH STREET			62	Street Ad	dress (P.O. Box Number is Not Acceptable)			j
BOCA RATON FL 33486			83					1
								4
				B4 City FL 85 Zip Code				
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was author	nzed by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing re intment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ager	I and tide if applicable. (NOTE: Regis	stered Age	nt pignusture requ	ùred when reinstating) CATE			€ 6
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)
TITLE	P	□ DELETE				Change	☐ Addition	5
NAME	IMPERATO, ROBB C	088 C		NAME				절
STREET ADDRESS	973 S.W. 14TH STREET		1.3 STREET ADDRESS					ŭ
CITY-ST-ZIP	BOCA RATON FL 33488		1.4 CITY-ST-ZIP				F . (19)	×
TITLE		☐ DELETE				Change	☐ Addition	ľ
NAME		2				-		l
STREET ADDRESS	23		23 STREE	YADDRESS				l
CITY-ST-ZIP"				ST-ZP				1
TITLE		OELFTE :	3.1 TITLE		•	Change	☐ Addition	ĺ
NAME		;	3.2 NAME					1
STREET ADDRESS		<b>.</b>	3.3 STREE	T ADDRESS				١
CITY-ST-ZIP			34. CITY-	ST-ZIP				<u> </u>
TITLE		☐ DELETE	L1 TITLE			☐ Change	☐ Addition	l
NAME	4.3		4. 2 NAME					l
STREET ADDRESS	IREET ADDRESS 43		4.3 STREET ADDRESS					i
CITY-ST-ZIP			1.4 CITY-S	1-ZIP				l
TITLE		☐ DELETE !	S.1 TITLE			☐ Change	Addition	i
		I ,	S.2 NAME	į.				i

8.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 agriculture and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of tractice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

5.3 STREET ADDRESS

8.3 STREET ADDRESS

5.4 CITY-ST-ZIP

address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

ED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition

Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90001 005 \*\*\*550.00



P95000007197

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 9, 1999

GULFSTREAM ATLANTIC CONSTRUCTION, INC. 120 E. OAKLAND PARK BLVD. SUITE 105 FT. LAUDERDALE, FL 33334

SUBJECT: GULESTREAM ATLANTIC CONSTRUCTION, INC.

Ref. Number: P95000007197

Please be advised, we have received your Annual Report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION T

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