SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000071847 (4)

GULTOTREAM TAURT SERVICES, INC.														
Principal Place of Business					Mailing Address					- FOR PRESIDENT FOR THE FOREITH PROF			)!	
110 CALLE ENSUENO MARATHON FL 33031				110 CALLE ENSUENO MARATHON FL 33031				3. Date incorporated or	Ovelfied	le- Dat	a of last Doord			
										09/18/1995	Qualified	<b>38.</b> Dat	e of Last Report	
2. Principal Place of Business					2a. Mailing Address					4. FLI Number		<b>_</b>	Applied For	
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					65-0610001	k		Not Applicable \$8.75 Additional	
22				27	·······					5. Certificate of Status D	esired		Fee Required	
23	City & State	Dity & State		20	City & State					6. Election Campaign Fir Trust Fund Contributio	-		\$5.00 May Be Added to Fees	
23	Ζιp		Country	[20]	Zip	Co	untry	·		8. This corporation has le		intano ble 🌡	ix under s. 199.032,	
24			25	29		30				Florida Statutes	Ĺ	Yes 🚺	No	
		9. Name	and Address of Curr	ent Regis	tered Agent			r-::		10. Name and Address of	of New Re	gistered A	gent	
SOMMER, HARVEY D							81	N	ame					
3450 NORTHLAKE BLVD.							82	S	reet Addre	ess (P.O. Box Number is Not	Acceptab	le)		
	P/	ILM BEAC	h <mark>Gardens</mark> fl 334	03			83	3						
								_	·				85 Zip Code	
							84	٦	ity			FL	85 Zip Code	
11	office or re	edistered ad	ent, or both, in the Sta	e of Florid	da. Such change wa	is authorize	a by	the	med corpo corporatio	oration submits this statemen on's board of directors. There	t for the p. by accept	urpose of c the appoir	hanging its registered trinent as registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 tille if applicable (NOTE Registered							ed Age	ent sig	gnature require	ed when reinslating)		DA'E		
12.		OFFICERS AND						13.		ADDITIONS/CHANGES	TO OFFIC	CERS AND I	DIRECTORS IN 12  Change Addition	
NAME		PD WADE	HAM, GREGORY J				NAME					L	Florings	
STREET ADDRESS		110 CALLE ENSUENO			<b>1</b>			ADD	RESS					
			THON FL 33050				CITY - S	37 - 71	P					
TII	TITLE				DELETE	2 1 TIFLE							Change Addition	
N/	NAME					221	NAME							
STREET ADDRESS							STREET		1					
CITY-S1-2IP TITLE					DELETE		CITY - S	SI 7	iP			<b>T</b>	Change Addition	
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ļ.	REET ADDRESS						STREET	ADD	RESS					
	TY-ST-ZIP						CITY							
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N	ME					4 2	NAME							
ST	REET ADDRESS					. 43	STREET	ADD	RESS					
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	ILE				DELETE		TITLE		İ			Ŀ	Change Addition	
NAME							NAME	r <b>4</b> 00	nrée					
i i	AEET ADDRESS						STREET							
	TY-ST-ZIP ILE				DELETE		CITY - S THUE	si∙∡l	r		<b></b>		Change: Addition	
	ME					4	NAME					L.		
	REET ADDRESS					- 1	STREET	r <b>a</b> dn	RESS					
	TY-ST-ZiP						CITY-S							
		y certify tha	it the information supp	ied with t	his filing is voluntaril					lify for the exemption stated in	n Section	119 07(3)(k	) Florida Statutes I	

from necessing mat the information supplied with mis ning is voluntarily furmished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6/10/96 3x5.743-5883