

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

FILED  
Apr 15 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 # P95000084737 (2)

1. Corporation Name

GULFSTREAM MARKETING AND SALES CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

9205 N. W. 53RD COURT  
SUNRISE FL 33351

9205 N. W. 53RD COURT  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

65-0627961

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

2a. Mailing Address

21 1631 Nuremberg BL

26 1631 Nuremberg BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PUNTA GORDA, FL

28 PUNTA GORDA, FL

Zip

Country

Zip

Country

24 33983

25 Charlotte

29 33983

30 Charlotte

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSI, WILLIAM  
9205 N. W. 53RD COURT  
SUNRISE FL 33351

81 Name

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

1631 Nuremberg BL

83

84

PUNTA GORDA

FL

85

Zip Code

33983

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
STREET ADDRESS ROSSI, WILLIAM  
CITY-ST-ZIP 9205 N. W. 53RD COURT  
SUNRISE FL 33351

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1631 Nuremberg BL

PUNTA GORDA, FL 33983

TITLE ☐ DELETE

NAME D  
STREET ADDRESS ROSSI, LUCINDA  
CITY-ST-ZIP 9205 N. W. 53RD COURT  
SUNRISE FL 33351

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1631 Nuremberg BL

PUNTA GORDA, FL 33983

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

W. Rossi

CR2E034 (10/97)