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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085133 (3)

GULFSTREAM PROCUREMENT, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4505 SOUTH GOLDENROD ROAD 4505 SOUTH GOLDENROD ROAD ORLANDO FL 32822 ORLANDO FL 32822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-3417506 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITTINGTON, DALE 4505 & GOLDEN ROD RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 84 City 85 Zip Code 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 regularing agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change Addition TITLE 1.1 TITLE WHITTINGTON, NERISSA NAME 1.2 NAME 4505 SOUTH GOLDENROD ROAD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **ZIEGLER, JACK** NAME 22 NAME 4505 S GOLDEN ROD RD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TiTLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 chapter 607, or on an attachment with an address.

CICNIATURE.

MAK Zeeler

4/1/64 105 2555420