


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 035 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000017720**

1. Corporation Name  
**GULFSTREAM MANAGEMENT SYSTEMS, INC.**



Principal Place of Business <b>400 N CONGRESS AVE STE 100 WEST PALM BEACH FL 33401</b>	Mailing Address <b>400 N CONGRESS AVE STE 100 WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>120 S. OLIVE AVE</b>		2a. Mailing Address 26 <b>120 S. OLIVE AVE</b>		3. Date Incorporated or Qualified <b>02/26/1996</b>	
Suite, Apt. #, etc. 22 <b>307</b>		Suite, Apt. #, etc. 27 <b>307</b>		4. FEI Number <b>65-0645338</b>	
City & State 23 <b>W. PALM BCH, FL</b>		City & State 28 <b>W. PALM BCH, FL 33401</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33401</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 29 <b>USA</b>		Zip 30 <b>33401</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROBSON, JACK</b> <b>400 N CONGRESS AVE STE 100</b> <b>WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent 81 Name <b>ROBSON, JACK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>120 S. OLIVE AVE, STE 307</b> 83 84 City <b>W. PALM BCH</b> FL 85 Zip Code <b>33401</b>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/2/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBSON, JACK</b>		1.2 NAME <b>ROBSON, JACK</b>	
STREET ADDRESS <b>400 N CONGRESS AVE STE 100</b>		1.3 STREET ADDRESS <b>120 S. OLIVE AVE, STE 307</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>W. PALM BCH, FL 33401</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBSON, LINDA</b>		2.2 NAME	
STREET ADDRESS <b>400 N CONGRESS AVE STE 100</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 561 833-8027  
Date Daytime Phone #

CR2E034 (11/98)