SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. MOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000052651 (2)

APPROVED AND FILED

97 SEP 26 PH 2: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GULFS	STREAM PAINTING, INC.				PARAMETER DIR PRINCIPAL DI UNI DELLA DE	
Principal Pla	nce of Business	Mailing Address				DIAN BENDA DAAND PHYSIB DRIBD DAABN ALDR SODR
333 N.W. 48 STREET 333 N.W. 48 STREET						
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					06/20/1996	
2. Principal	Place of Business	2a. Mailing Addres	S		4. FEI Number	Applied For
21		26	3		4. FEI Number 65 - 0722351	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			b. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	LJ Added to Fees
Zip	Country	Zip		untry	8. This corporation owes or has p	- · - · ·
24	25 9. Name and Address of Cu	Irrant Barletared Agent	30	1	Personal Property Tax due Jun 10. Name and Address of New R	
Dr		nitelli Hobiaratan Watti		81 Name	10. Name and Address of New A	egistored Agent
	RADY, IRA KENNETH 3 N.W. 48 STREET					
	LAUDERDALE FL 33309			82 Street Ad	ddress (P.O. Box Number is Not Accepte	able)
1-1	. LAUDENDALE PL 33309			83		
				84 City		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607	7.0502 and 607.1508. Florida	Statutes, the	above-named c	orporation submits this statement for the	
office or	registered agent, or both, in the	State of Florida, Such change	was authoriz	ed by the corpo	orporation submits this statement for the ration's board of directors. I hereby according	ept the appointment as registered
		obligations of, Section 607.00	oos, monua sa	aiules.		
SIGNATURE	Signature, typed or printed name of registere	ed agent and little if applicable	(NOTE : Register	od Agent signature re	quired when reinstating)	DATE
12.	OFFICE HS AND DIRE CTORS 13.			ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
TITLE		☐ DELE	DELETE 1.1 TITLE		President	Change Addition
NAME			1.21	NAME 2	IRA Kenneth BRAD 333 N.W. 48 57.	Y
STREET ADDRESS	; [1.3	STREET ADDRESS	333 N.W. 48 57.	ا ا
CITY-ST-ZIP				DITY-ST-ZIP	+. LAUDE-DALE, FC. 3	3309
TITLE		☐ DELE	TE 2.1	THILE	,	☐ Change ☐ Addition C
NAME			2.21	NAME		
STREET ADDRESS	: [2.3 :	STREET ADDRESS		Į.
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELE	TE 31	MLE	០០០០០០ខ្លួនខ្លួច។	4 [[] Change
NAME			3.21	NAME	-09/30/97	01035001
STREET ADDRESS	; <u> </u>		3.3	STREET ADDRESS	***\$550.UU	****550.00
CITY-ST-ZIP				CITY-ST-7IP		
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NAME :	· ·			NAME		(
STREET ADDRESS			- 1	STREET ADDRESS		1
CITY-ST-ZIP		Lintin		CITY-ST-ZIP		Dobassa Dadrig
TITLE		☐ D£LE	10			Change Addition
NAME				NAME		\ \frac{1}{2}
STREET ADDRESS				STREET ADDRESS	. malat	
CITY-ST-ZIP		DELE		CITY-ST-ZIP	Malzi	Change Addition
TITLE		Ľ DETE	B		X-0 -1	Change C Addition
NAME						
A	1		1	AME	4	}
STREET ADDRESS			6.3 \$	STREET ADDRESS	4	

14. Ido 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; 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.