

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

FILED  
 Aug 04 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000080382 (0)**  
 1. Corporation Name  
**GULFSTREAM SERVICES, INC.**



Principal Place of Business 3726 N. GOLDENROAD ROAD SUITE 1 WINTER PARK FL	Mailing Address 3726 N. GOLDENROAD ROAD SUITE 1 WINTER PARK FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>664 NORTH ROAD</b>	2a. Mailing Address 26 <del>3726 N. GOLDENROAD ROAD</del>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 <b>BOYNTON BCH., FL</b>
24 Zip	29 <b>33435</b>
25 Country	30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>09/26/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3402223</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOMRICH, DIANE M CPA**  
**3726 N. GOLDENROAD ROAD**  
**SUITE 1**  
**WINTER PARK FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAHLFRID, CECILIA</b>	
STREET ADDRESS	<b>664 NORTH ROAD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435-3220</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOMRICH, GEORGE</b>	
STREET ADDRESS	<b>664 NORTH ROAD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435-3220</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HOMRICH, CECILIA</b>	
1.3 STREET ADDRESS	<b>664 NORTH ROAD</b>	
1.4 CITY-ST-ZIP	<b>BOYNTON BCH., FL 33435</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GEORGE HOMRICH</b>	
2.3 STREET ADDRESS	<b>(SAME AS ABOVE)</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 **Cecilia M Homrich** DATE **7/28/97** FEI **59-340-2223**

CF2E034 (4/97)