

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90099 004 ***158.75

DOCUMENT # P97000019944

1. Corporation Name

GULFSTREAM TRAINING ACADEMY, INC.



Principal Place of Business

1010 REDBIRD AVE.
MIAMI SPRINGS FL 33166

Mailing Address

1010 REDBIRD AVE.
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5302 Northwest 21st Terrace
Suite, Apt. #, etc.

22 City & State
23 Ft. LAUDERDALE, FL
24 33309 25 USA

2a. Mailing Address

26 1815 Griffin Road
Suite, Apt. #, etc.

27 Suite 400
28 DANIA, FL
29 33004 30 USA

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

65-0737736

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

COOPER, THOMAS P
1010 REDBIRD AVE.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name COOPER, Thomas P.
82 Street Address (P.O. Box Number is Not Acceptable)
1815 Griffin Road
83 Suite 400
84 City DANIA FL 85 Zip Code 33004

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

Thomas P. Cooper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	COOPER, THOMAS P	272 HAMMOND DRIVE	MIAMI SPRINGS FL 33166	<input type="checkbox"/>
S	COOPER, THOMAS L	1010 REDBIRD AVE.	MIAMI SPRINGS FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2458 SE 11 th Street	Pompano Beach, FL 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Thomas P. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

DATE

954-266-3000

Daytime Phone #

CR2E034 (11/98)