

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90012 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000020073**

1. Corporation Name

**GULFSTREAM AUTO INSURANCE, INC.**

Principal Place of Business

1670 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

Mailing Address

1670 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

65-0728365

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.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MAYFIELD, JEFFREY E**  
1670 S.E. PORT ST. LUCIE BOULEVARD  
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **RUBIERA, PEDRO A**  
STREET ADDRESS **1670 S.E. PORT ST. LUCIE BOULEVARD**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **P** ☐ DELETE  
NAME **MAYFIELD, JEFFREY E**  
STREET ADDRESS **1670 S.E. PORT ST. LUCIE BOULEVARD**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**PEDRO A. RUBIERA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 561-398-9030  
Date Daytime Phone #

CR2E034 (5/99)

588768-70012-26  
P 97 0000 20073

## GULFSTREAM INSURANCE

1670 SE PORT ST LUCIE BLVD  
PH: 561.398.9030 FAX: 561.337.3723

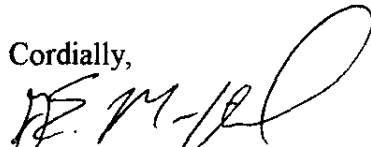
July 8, 1999

Division of Corporations  
Annual Reports Filings  
PO BOX 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing in reference to Gulfstream Insurance's annual report. Having received 1999's Profit Corporation Annual Report Packet "2<sup>nd</sup> Notice" I immediately contacted the Division of Corporations to advise Gulfstream Insurance had not received the first annual report request, hence the corporation has not filed on a timely bases. As a result, a representative from the Division of Corporation confirmed the corporation needs only pay the standard reporting fee \$150.00 seeing how the corporation did not receive the first notice. Please feel free to call with any question regarding Gulfstream Insurance's 1999 corporate filing. Thank you in advance, I remain.

Cordially,



Geoffrey E. Mayfield  
President

Enclosure (Check #1318 \$150.00)  
CC: Corporate Filings