## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998ء P97000067958 **DOCUMENT #** GULF STREAM AUTO BROKERS, Inc. Mailing Address Principal Place of Business SIIL A OLD WINTER CARDEN RO DO NOT WRITE IN THIS SPACE GRLANDO, FL 32811 3. Date incorporated or Qualified 1997 HUGUST 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 26 59-3460813 Not Applicable 21 Suite, Apl. #, etc Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JIM TENNEY 8725 SUMMER VILLE PLACE HENRY Streel Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submills 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 85 Zip Code 82724 84 3-24-98 SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. JOHN HENRY - PRESIDENT Change X Addition **DE**LETE 1.111111 TITLE 1.2 NAME 594 QUEENS BRIDGE STREET ADDRESS 8725 Summerville PLAGE 1 3 STREET ADDRESS CITY-ST-2IP URLANDO FL 32817 1.4 CITY - ST - ZIP DELETE Change VICE - PRESIDENT 21 1171 8 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - ZIP **X**DELETE Change ☐ Addition SECRETARY 3.1 TITLE THILE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7/P CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE TREASURER \*\* STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7(P 4.4 CITY - ST - 7/P 100002473021 -03/31/38--01021--020 \*\*\*150.00 DELETE Addition TITLE 5.1 TIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHTY - ST - ZIP CITY-SI-ZIP

6.4 CITY - ST- ZIP 14. Thereby 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 supplier ental 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 frustoe 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 any attachment with an address

6 1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

3-24-98 (407) 592-1123

Change p Addition

CR2E034 (10/97)