→ 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

DOCUMENT # P98000016309

SIGNATURE:

GULF FINANCIAL CORPORATION

				_			
Principal Place	of Business	Mailing Address					10)19 1011 1091
5100 n. Feder/ Ft. Lauderdal		5100 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308		DO NOT WRITE IN TH	IIS SPACE		
					Date Incorporated or Qualifed 02/19/1998		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-08/6 4.3 2	· · · · ·	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 A Fee Re		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	,	8. This corporation owes the current year		
24 25		29 30		Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			{
	ey, A.E. Jr. N. Federal Highway	·		Street Ad	ress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33308					A 100		
	•		84	1		L 85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was autho	orized by	the corpora	rporation submits this statement for the purpose stion's board of directors. I hereby accept the ap	of changing its pointment as req	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered agent		•	nt signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTO	DC IN 42
12.	OFFICERS AND	D DIRECTORS	13.	···	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE ,	D	Dereie	1.1 TITLE				
NAME	CHILTON, JOHN W	· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS	700 M. 1 ED E. 1 M. 2 M. 1 M. 1 M. 1 M. 1 M. 1 M. 1 M			TADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY- 9	ST-ZIP		☐ Change	Addition
TITLE]	D	☐ DELETE	2.1 TITLE			Change	[_] Addition
NAME :	RANEY, A.E.	2.2 N		1			
STREET ADDRESS	GIOGIA: LEDERAL MONTH.		2.3 STREE	TADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	•		3.1 TITLE				L Addison [
NAME			3.2 NAME				
STREET ADDRESS	3.3 \$		3.3 STREE	TADDRESS	•		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Channa	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				ł
STREET ADDRESS			4.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP	and the same of th		4.4 CITY-5	ST-ZIP			
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				}
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T 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 the 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 er 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.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90015 026 ***150.00

