

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

AMENDED PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000016309

1. Corporation Name

GULF FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

5100 N. FEDERAL HIGHWAY
#300
FT. LAUDERDALE, FL 33308

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -5 AM 11:59

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-081-6432

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

10. Name and Address of New Registered Agent

81 Name

AUGUSTUS E. RANEY, JR

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

5100 N. FEDERAL HIGHWAY

83 #300

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

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

AUGUSTUS E. RANEY, JR

DATE

10-4-99

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PRESIDENT, SECRETARY, ☐ DELETE
DIRECTOR

AUGUSTUS E. RANEY, JR
5100 N. FED. HWY, #300, FT. LAUD

☐ DELETE

13.

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

700003012957-4

-10/12/99-01061-020

*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-99

954-492-5383

Date

Telephone

CR2E034 (1/98)