

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

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DO NOT WRITE IN THIS SPACE

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # P98000063379V**

1. Corporation Name  
**Gulfstream Adventures Inc.**

Principal Place of Business  
**Ocean Bay Marina 5 Seagate Blvd**

Mailing Address  
**Key Largo 33037**

2. Principal Place of Business  
 21 **Ocean Bay Marina**

Suite, Apt. #, etc.  
 22 **Slip 1 5 Seagate Blvd**

City & State  
 23 **Key Largo Fla**

Zip  
 24 **33037**

Country  
 25 **USA**

2a. Mailing Address  
 26 **Key Largo**

Suite, Apt. #, etc.  
 27 **P.O. Box 2682 Key Largo**

City & State  
 28 **Key Largo Fla**

Zip  
 29 **33037**

Country  
 30 **USA**

3. Date Incorporated or Qualified

4. FEI Number  
**65-0850275**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**Corporation Service Co.**  
**1201 Hayes St.**  
**Tallahassee, Fla. 32302-5254**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Mila Preaders**

STREET ADDRESS **6207 S. Knox Rd.**

CITY-ST-ZIP **Chicago Ill. 60629**

TITLE **Chandler Warner Jr.** ☐ DELETE

NAME **Chandler Warner Jr.**

STREET ADDRESS **57507 Gibson St.**

CITY-ST-ZIP **Marathon Fla. 33050**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

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, with all other like empowered.

SIGNATURE: **Chandler Warner Jr.** **Chandler Warner Jr.** **305-4519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-19-99** Daytime Phone #