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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000077870

1. Corporation Name
GULFSTREAM, INC.

Principal Place of Business
8380 BAYMEADOWS ROAD
SUITE 3
JACKSONVILLE FL 32256

Mailing Address
8380 BAYMEADOWS ROAD
SUITE 3
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

59-353 1196

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6745 Phillips Industrial Blvd
Suite, Apt. #, etc.

6745 Phillips Industrial Blvd
Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

24 32256 25 DUVAL

29 32256 30 DUVAL

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

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
NAME SIDBALL, DAVID R
STREET ADDRESS 8380 BAYMEADOWS ROAD SUITE 3
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME D/V Siddall, David R
1.3 STREET ADDRESS 6745 Phillips Industrial Blvd
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE P
2.2 NAME BROWN, GRAEME S.
2.3 STREET ADDRESS 6745 PHILLIPS INDUSTRIAL BLVD.
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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

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

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

6.1 TITLE
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: DAVID R. SIDBALL 4-29-99 (904) 880-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)