

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90069 044 ***158.75

DOCUMENT # S07718

1. Corporation Name

GULFSTREAM INVESTMENT & FINANCE, INC.



Principal Place of Business

4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32812

Mailing Address

4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1990

4. FEI Number

59-3101935

Applied For
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.

☐

☐

2. Principal Place of Business

21 9649 Tradeport DR
Suite, Apt. #, etc.

22

23 Orlando FL
City & State

24 32827
Zip

Country

25 USA

2a. Mailing Address

26 P.O. Box 621148
Suite, Apt. #, etc.

27

28 Orlando, FL
City & State

29 32862-1148
Zip

Country

30 USA

9. Name and Address of Current Registered Agent

ZIEGLER, JACK
4505 SOUTH GOLDENROD ROAD
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name DALE WHITTINGTON

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

83 9649 Tradeport DR

84 City Orlando

FL

85 Zip Code 32827

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

DALE WHITTINGTON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME WHITTINGTON, DALE
STREET ADDRESS 4505 SO. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME ZIEGLER, JACK
STREET ADDRESS 4505 SO. GOLDENROD RD.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9649 TRADEPORT DR
1.4 CITY-ST-ZIP ORLANDO FL 32827

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALE WHITTINGTON

Date

Daytime Phone #

CR2E034 (11/98)

0105535