SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S20496** **(3)**

1. Corporation Name

GULFSTREAM MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
10147 W OAKLAND PARK BLVD SUNRISE FL 33351 US	10147 W OAKLAND PARK BLVD SUNRISE FL 33351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0232394	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 11900 NW 5 ST	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: PLANTATION FL	28 City & State
24 Zip: 33325 25 County: USA	29 Zip 30 County

9. Name and Address of Current Registered Agent

~~SCHIMEK, SIMONE~~
10147 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: PATRICIA A LEIBOWITZ
82 Street Address (P.O. Box Number is Not Acceptable): 11900 NW 5 ST
83
84 City: PLANTATION FL 85 Zip Code: 33325

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: _____ PATRICIA A LEIBOWITZ 8-4-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE REPORTED AND/OR NEW OFFICERS AND DIRECTORS	
TITLE	PDT	11 TITLE	PDTS ☒ Change ☐ Addition
NAME	LEIBOWITZ, PATRICIA	12 NAME	PATRICIA LEIBOWITZ
STREET ADDRESS	10147 W OAKLAND PARK BLVD	13 STREET ADDRESS	11900 NW 5 ST
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	PLANTATION FL 33325
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	~~SCHIMEK~~, SIMONE	22 NAME	
STREET ADDRESS	10147 W OAKLAND PARK BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 8-4-95 305 424-6689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060183 CP