

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S20496** (3)

1. Corporation Name

GULFSTREAM MANAGEMENT GROUP, INC.



Principal Place of Business

**11900 N W 5TH ST
PLANTATION FL 33325
US**

Mailing Address

**10147 W OAKLAND PARK BLVD
SUNRISE FL 33351
US**

3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

21 **10001 NW 50 ST**

2a. Mailing Address

26 **10001 NW 50 ST**

Suite, Apt. #, etc.

22 **201 H**

Suite, Apt. #, etc.

27 **201 H**

City & State

23 **SUNRISE FL**

City & State

28 **SUNRISE FL**

Zip

24 **33351**

Country

25 **BROWARD**

Zip

29 **33351**

Country

30 **BROWARD**

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

9. Name and Address of Current Registered Agent

**LEIBOWITZ, PATRICIA
11900 N W 5TH ST
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

81 Name

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

10001 NW 50 ST

83 **#201 H**

84 City **SUNRISE**

FL

85 Zip Code **33351**

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 Leibowitz
Signature typed or printed name of registered agent and the corporation

(b)(3)(E) Registered Agent Signature required when re-appointing

DATE

4-18-96

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ DELETE
NAME **LEIBOWITZ, PATRICIA**
STREET ADDRESS **11900 N W 5TH ST**
CITY - ST - ZIP **PLANTATION FL**

TITLE **S** ☐ DELETE
NAME **SCHIMEK, SIMONE**
STREET ADDRESS **10147 W OAKLAND PARK BLVD**
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10001 NW 50 ST #201 H**
1.4 CITY - ST - ZIP **SUNRISE FL 33351**

2.1 TITLE **DELETE** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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:

Patricia Leibowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-18-96 305 746-7598

CR2E034 (12/95)