

FILE-NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
10001 NW 50TH ST
STE 201H
SUNRISE FL 33351
US

Mailing Address
10001 NW 50TH ST
STE 201H
SUNRISE FL 33351-8061
US



3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
04/25/1996

2. Principal Office Address
1844 N. Nob Hill Road

2a. Mailing Office Address
1844 N. Nob Hill Road

21. Suite #, etc.
435

26. Suite #, etc.
435

22. City & State
Plantation, FL

27. City & State
Plantation, FL

23. Zip
33322

25. Country
US

28. Zip
33322

30. Country
US

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
10001 NW 50TH ST
STE 201H
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)
1844 N. Nob Hill Road #435

83. City
Plantation

84. Zip Code
33322

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* DATE: 4-22-97

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
POTS	LEIBOWITZ, PATRICIA	10001 NW 50TH ST STE 201 H	SUNRISE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
POTS	Leibowitz, Patricia A.	1844 N. Nob Hill Road #435	Plantation, FL 33322	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Peter D. Houchin	1844 N. Nob Hill Road #435	Plantation, FL 33322	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. LEIBOWITZ

Date

Daytime Phone #

0221648

CR2E034 (9/96)