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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 # S29133 (3)

1. Corporation Name  
GULFSTREAM REAL ESTATE SERVICES, INC.

Principal Place of Business

10001 N.W. 50TH ST.  
#201-H  
SUNRISE FL 33351  
US

Mailing Address

10001 N.W. 50TH ST.  
#201-H  
SUNRISE FL 33351-6061  
US



3. Date Incorporated or Qualified  
01/31/1991

3a. Date of Last Report  
10/07/1996

2. Principal Place of Business

1844 N. Nob Hill Road  
#435 Apt. #, etc.

2a. Mailing Address

1844 N. Nob Hill Road  
#435 Apt. #, etc.

23. City & State  
Plantation, FL

27. City & State  
Plantation, FL

24. Zip  
33322

25. Country  
US

28. Zip  
33322

29. Country  
US

4. FEI Number  
65-0244875

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 N.W. 50TH ST.  
#201-H  
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)  
83. 1844 N. Nob Hill Road #435  
84. City  
Plantation  
FL 33322 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

Signature, typed or printed name of registered agent and title if applicable

PATRICIA LEIBOWITZ

(NOTE: Registered Agent signature required when reinstating)

4-23-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDT	LEIBOWITZ, PATRICIA A	10001 N.W. 50TH ST.	SUNRISE FL	<input checked="" type="checkbox"/>
S	HOUCHIN, PETER	10001 N.W. 50TH ST.	SUNRISE FL	<input checked="" 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
PDT	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 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 #

0291682

CR2E034 (9/96)