PROFIT CORPORATION ANNUAL REPORT

1999

GULF BUILDING CORP.

1. Corporation Name

DOCUMENT # **\$85549**



Secretary of State DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-02-1999 90057 012 ***450.00

Principal Place	of Business	Mailing Address	Mailing Address			\$ 100/1019 101 (010) \$1(0) 0/107 0/918 101/ 0/811 1	Half Biatt Arant a	
600 CORPORATE DRIVE SUITE 512		600 CORPORATE DRIVE SUITE 512						
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334					DO NOT WRITE IN THIS SPACE			
U\$ U\$						3. Date Incorporated or Qualifed		ì
						10/04/1991		
Principal Place of Business Za. Mailing Address					4. FEI Number		plied For	
21						65-0290172		t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			س <u>ــ</u> ــــــــــــــــــــــــــــــــــ	5. Certificate of Status Desired \$8.75 Additional Fee Required:		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year in	tangible	
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			
PALMIER, THOMAS J 201 S. BISCAYNE BLVD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 3000				83				
MIAMI FL 33131								
				84	City	FI	85 Zip (Code
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 farmfliar with, and applications of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	riguii	a signatura requiec	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE			1.1 111	LE		,	☐ Change	Addition
NAME			1.2 NA				_	
	AAA AAAAAA ITE BRUG WEGA				ADDOECC			+
STREET ADDRESS	FT. LAUDERDALE FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				ţ
CITY-ST-ZIP			2.1 117		1-217		Change	Addition
TITLE			4			à		
NAME	10. 11. 10. 11.		2.2 NA			4		
STREET ADDRESS			1		ADDRESS		-	
CITY-ST-ZIP	·	☐ DELETE	2.4 CI		T-ZIP		Change	Addition
TITLE	D CALENDALIA CATALID	☐ pereig	3.1 117			•	- Suma	
NAME	UELLENDAHL, SVEN D.		3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	FT. LAUDERADLE FL 34.0			T- ZIP		Change	☐ Addition .	
TITLE		☐ DELETE	4.1 717					
NAME			4.2 N					·
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CF		T-ZIP			- A 3 322
TITLE		☐ DELETE	5.1 TI			·	Change	☐ Addition
NAME			5.2 NA			·		Ì
STREET ADDRESS			5.3 ST	REET	ADDRESS	•		Į

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 or an attraction with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-8-98

954-492-9191

Change

☐ Addition