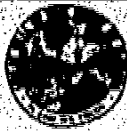


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morgan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 7:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S90254 (1)

1. Corporation Name

GULF ATLANTIC FINANCIAL MANAGEMENT SERVICES, INC

Principal Place of Business

**410 E ATLANTIC BLVD
POMPANO BEACH FL 33060
US**

Mailing Address

**1100 PARK CENTRAL BLVD SO
STE 1700
POMPANO BEACH FL 33064
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/28/1991

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0292648

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. 108.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1100 Park Central Blvd.**

2a. Mailing Address

Suite, Apt. #, etc.

22 **Suite 1700**

City & State

23 **Pompano Beach, FL**

24 **33064**

25 **US**

29 **33064**

30 **FL**

9. Name and Address of Current Registered Agent

**SANZ, DAVID R.
410 E ATLANTIC BLVD.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name

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

1100 Park Central Blvd. South, Suite #1700

84 City

Pompano Beach,

FL

85 Zip Code

33064

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SANZ, DAVID R.**
STREET ADDRESS **410 E ATLANTIC BLVD**
CITY-ST-ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1100 Park Central Blvd. South Suite #1700**
1.4 CITY-ST-ZIP **Pompano Beach, Florida #33064**

2.1 TITLE ☐ 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

4-17-95 305 489-4000