

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~116576~~ 590254
1. Corporation Name

GULF ATLANTIC FINANCIAL MANAGEMENT SERVICES, INC

Principal Place of Business	Mailing Address
1901 West Cypress Creek Road Ft. Lauderdale, Florida 33309 US	1901 W.Cypress Creek Rd Ft. Lauderdale, Fl. 33309 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State Apt. #, etc.	26 Suite, Apt. #, etc.	10/28/1991	04/26/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0292648	Not Applicable
24 Country	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SANZ, DAVID R.
1901 WEST CYPRESS CREEK ROAD
FT. LAUDERDALE, FLORIDA 33309

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P. O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	DP		
STREET ADDRESS	1901 W.Cypress Creek Road	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 additional page in an address.

SIGNATURE:  DAVID R. SANZ 4/25/97 (954) 489-4050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)