

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98244** (4)

1. Corporation Name

GULFSTREAM REAL ESTATE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

10147 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US

10147 W. OAKLAND PARK BLVD.
SUNRISE FL 33351
US

3. Date Incorporated or Qualified

12/03/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 10001 N.W. 50th. Street

Suite, Apt. #, etc

22 Suite 201H

City & State

23 Sunrise, FL

24 Zip
33351

Country

25 Broward

2a. Mailing Address

26 10001 N.W. 50th. Street

Suite, Apt. #, etc

27 Suite 201H

City & State

28 Sunrise, FL

29 Zip
33351

Country

30 Broward

4. FEI Number

65-0298486

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

10. Name and Address of New Registered Agent

LEIBOWITZ, PATRICIA

~~10147 W. OAKLAND PARK BLVD.~~ 10001 N.W. 50th St.
~~SUNRISE FL 33351~~ Suite 201H
Sunrise, FL 33351

81 Name

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

83

84 City

FL

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type (print name, including last name and first name, and last name)

(Print Registered Agent's name and address, including last name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
LEIBOWITZ, PATRICIA
10147 W. OAKLAND PARK BLVD.
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LEIBOWITZ, PATRICIA
10147 W. OAKLAND PARK BLVD.
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LEIBOWITZ, PATRICIA
10147 W. OAKLAND PARK BLVD.
SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

10001 N.W. 50th St. Suite 201H
Sunrise, FL

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

10001 N.W. 50th Street
Sunrise, FL

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

10001 N.W. 50th St.
Sunrise, FL

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 617, 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

6-21-96

954-746-7548

Date

Signature of Officer

CR2E034 (3/96)