

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V03266**

(6)

1. Corporation Name
GULFSTREAM SPECIALTIES, INC.

Principal Office Address

**711 NW 8 AVE
DANIA FL 33004**

Mailing Address

**711 NW 8 AVE
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Report Filed or Available
12/31/1991

3a. Date of Last Report
04/28/1994

4. File Number
65-0308831

Acquired Fee
Not Applicable

5. Certificate of Status Expires

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fee**

7. This corporation has not, for the past 12 months, been
in default of any of its obligations to the State of Florida

2. Date of Last Annual Report

21. Date of Last Annual Report

2a. Mailing Address

26. Date of Last Annual Report

22. Date of Last Annual Report

27. Date of Last Annual Report

23. Date of Last Annual Report

28. Date of Last Annual Report

24. Date of Last Annual Report

29. Date of Last Annual Report

30. Date of Last Annual Report

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATLIN, BRIAN
2809 BIRD AVE #124
MIAMI FL 33133**

81. Name

82. Street Address (if C/O, Box, Apartment, Flat, Acreage, etc.)

83. City

84. State

FL

85. Zip Code

11. This corporation has not, for the past 12 months, been in default of any of its obligations to the State of Florida. This statement is for the purpose of filing and distribution of the report of the corporation to the State of Florida. It is not to be used for any other purpose. Any corporation that is not in compliance with this requirement shall be subject to the penalties provided in the Florida Statutes.

12. Name

**D
HELWIG, ROGER
711 NW 8 AVE
DANIA FL**

13. Name

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. Name

2. Title

3. Date of Appointment

4. Date of Termination

5. Date of Appointment

6. Date of Termination

7. Date of Appointment

8. Date of Termination

9. Date of Appointment

10. Date of Termination

11. Date of Appointment

12. Date of Termination

13. Date of Appointment

14. Date of Termination

15. Date of Appointment

16. Date of Termination

17. Date of Appointment

18. Date of Termination

19. Date of Appointment

20. Date of Termination

21. Date of Appointment

22. Date of Termination

23. Date of Appointment

24. Date of Termination

25. Date of Appointment

26. Date of Termination

27. Date of Appointment

28. Date of Termination

SIGNATURE:

Roger Scott Helwig
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECT OFFICER OR DIRECTOR

4/25/95 305-921-8657