## FILE NOW: FILING FEE AFTER MAY 1 IS \$55

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMEN STATE Sandra B. Mort

Secretary of Sta

DIVISION OF CORPO

POCUMENT # V03266

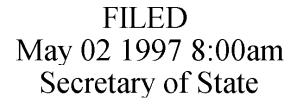
(6)

**GULFSTREAM SPECIALTIES, INC.** 

Principal Place of Business 711 NW 8 AVE

Mailing Address

711 NW 8 AVE





DANIA FL 33004	ļ .		DANIA FL 33004-2328		j							
							12/31/1991 04/30/			of Last Report		
2. Principal Place of Business			2a. Mailing Address		1	4.	FEI Number	_ <u></u>		Applie	ed For	
21			26				65-0308831			-	pplicable	
Sulte, Apt.			Suite, Apt. #, etc.			5.	Certificate of Status Desired			<b>75</b> Add e Requi		
City & State	e 		City & State			6.	Election Campaign Financing Trust Fund Contribution			. <b>00</b> Ma	,	
Zip 24	<b>25</b>						Florida Statutes [					
		dress of Current R	egistered Agent			10.	Name and Address of New Re	gistered A	gent			
2809	LIN, BRIAN BIRD AVE #124 41 FL 33133				81 Name 82 Street / 83	Address (F	O. Box Number is Not Accepta	ble)				
					84 City			FI	85	Zip Cod	de	
office or re agent. I a	to the provisions of S egistered agent, or b m familiar with, and a	ooth, in the State of I accept the obligatio	Florida, Such change v ris of, Section 607.0508	vas authorida 5. Florida Sta	Prove-named Thy the corporates April agrature	noration's t	on submits this statement for the board of directors. I hereby account to the constant of the	purpose of pt the appo	changi pintmen	ng its reg	ogistered yistered	
·12.		OFFICERS AND D		18.	1		ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS	N 12	
TITLE	D		DELETE	. 1.1.1	t f				Chai	nge [	Addition	
NAME	HELWIG, ROGER	1		1.21	<b>W</b> Wi							
STREET ADDRESS	711 NW 8 AVE			135	REET ADDRESS							
CITY-ST-ZIP	DANIA FL			140	Y-S1-7IP							
TITLE			☐ DELETE	211	l E				☐ Cha	nge L	Addition	
NAME				221	ME	ļ						
STREET ADDRESS				233	SEET ADDRESS							
CITY-ST-ZIP	<del></del>				1Y - S1 - ZIP	<b> </b>	And the second s		Cha		Addition	
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NAME					ME	Į						
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CITY-ST-ZIP TITLE			DELETE		CTY+ST+Z#°	<del> </del>			Cha	ange T	Addition	
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STREET ADDRESS					REEL ADDRESS							
CITY-ST-ZIP				140	-							
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NAME	•		•	521	AE.	]						
STREET ADDRESS				535	EET ADDRESS							
CITY-ST-ZIP				541	Y-\$1-7P							
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NAME				6.2	ИE							
STREET ADDRESS				63	FET ADDRESS							
CITY-ST-ZIP				6.4	7 - ST - 7IP							
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I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trusted empowered to appears in Block 12 or Block 18 if changed, or on an attachinent with an address.

xemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the currate and that my signature shall have the same legal effect as if made under oath; that lecute this report as required by Chapler 607, Florida Statutes; and that my name