PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M67270



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90070 041 ***150.00

GALBRAITH CAPITAL MANAGEMENT	, INC.		A STATE OF THE STA		n: andli 1861
he the control of the					
Principal Place of Business	Mailing Address			INEC NEUKO NEUK	KL BUBU UBBU
800 LAUREL OAK BLVD. SUITE 200	800 Laurel oak blvd. Suite 200				» · · ·
NAPLES FL 34108	NAPLES FL 34108		DO NOT WRITE IN T	HIS SPACE	
US ,	U\$		3. Date Incorporated or Qualifed		
D. D. indian Physics of D. views	2a. Mailing Address		02/04/1988 4. FEI Number	Appli	ied For
2. Principal Place of Business	26		65-0035483	- + · · ·	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>,,</u>		\$8.75 Ad	Iditional
22	27		5. Certifcate of Status Desired	Fee Requ	uired
City & State	City & State		6. Election Campaign Financing	\$5.00 M	
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current year		JNo
24 25 9. Name and Address of Current	29 30	<u>''</u>	Personal Property Tax. 10. Name and Address of New Registe		
9, Name and Address of Current	Kegistered Agent	81 Name			
GALBRAITH, G. LOCKE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		<u> </u>
4000 GULF SHORE BLVD N., #600		62 Street Aud	diess (P.O. Box Number is Not Acceptable)		
NAPLES FL 33940		83			
The standard of the state of th		84 City		85 Zip Co	ode
,		1 1 1		FL S Z S	ļ
:				a of changing its so	agistored
11. Pursuant to the provisions of Sections 607,0502 office or registered agent. of both, in the State of	2 and 607.1508, Florida Statutes, of Florida. Such change was suite	the above-named cor prized/by the corporat	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its re ppointment as regi	egistered istered
Pursuant to the provisions of Sections 607 0502 office or registered agent, of both, in the State of agent. I am familial with and accept the polyate.	2 and 607.1508, Florida Statulas, of Florida. Such change was suth in Section 197.0505, Florida	the above-named corporate Statutes	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its repointment as regin	egistered istered
SIGNATURE ZAMANA JUL	π			ie of changing its reppointment as regine	egistered istered
SIGNATURE Signature, typed or printed name of by stered agent	and title if applicable (NOTE: Neg	the above named cor prized by the corporat Statutes gistered Ageht signature required		<u> </u>	
SIGNATURE Signature, typed or printed name or regulared agent	and title if applicable (NOTE: Neg	gistered Agent signature requir	ired when reinstating) DAT	<u> </u>	
SIGNATURE Signature, specifor printed name of regulared agent 12. OFFICERS ANI	and title if applicable (NOTE: Neg D DIRECTORS	gistered Agent signature requir	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature: Inject or printed name or regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS 4000 GULF SHR BV N #600	and title if applicable (NOTE: Neg D DIRECTORS	gistered Agent signature requirents. 13. 1.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature, typed or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE	and title if applicable (NOTE: Net D DIRECTORS	gistered Ageht signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature, tract or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE TITLE	and title if applicable (NOTE: Neg D DIRECTORS	gistered Ageht signature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature. Expert or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE NAME NAME	and title if applicable (NOTE: Net D DIRECTORS	gistered Ageht signature requii 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature, types or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP. NAPLES FL TITLE NAME STREET ADDRESS	and title if applicable (NOTE: Net D DIRECTORS	gistered Ageht signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature, types or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP:	and title if applicable (NOTE: Net D DIRECTORS DELETE	gistered Ageht signature requirements of the signature requirement	ired when reinstating) DAT	S AND DIRECTOR	RS IN 12
SIGNATURE Signature types or printed name of regulared agent 12. OFFICERS ANI TITLE DP NAME GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	and title if applicable (NOTE: Net D DIRECTORS	gistered Ageht signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ired when reinstating) DAT	S AND DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE Signature types or printed name of types agent 12. OFFICERS ANI TITLE DP NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	and title if applicable (NOTE: Net D DIRECTORS DELETE	gistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE Signature types or printed name of types agent 12. OFFICERS ANI TITLE DP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	and title if applicable (NOTE: Net D DIRECTORS DELETE	gistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ired when reinstating) DAT	S AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE Signature types or printed name of types agent 12. OFFICERS ANI TITLE DP NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	and title if applicable (NOTE: Net D DIRECTORS DELETE	gistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ired when reinstating) DAT	S AND DIRECTOR Change	RS IN 12 Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP GALBRAITH, G. LOCKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP: TITLE NAME STREET ADDRESS CITY-ST-ZIP: TITLE NAME STREET ADDRESS CITY-ST-ZIP: STREET ADDRESS CITY-ST-ZIP: STREET ADDRESS CITY-ST-ZIP: STREET ADDRESS CITY-ST-ZIP:	and title if applicable (NOTE: Nes D DIRECTORS DELETE DELETE DELETE	gistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ired when reinstating) DAT	S AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	and title if applicable (NOTE: Nes D DIRECTORS DELETE DELETE DELETE	gistered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS	ired when reinstating) DAT	S AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS ANI DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE DELETE	gistered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITILE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP	ired when reinstating) DAT	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE Signature Updat or printed name or regulared agent 12. OFFICERS ANI TITLE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	and title if applicable (NOTE: Nes D DIRECTORS DELETE DELETE DELETE	gistered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE DELETE	gistered Agent signature requiling 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ired when reinstating) DAT	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS ANI DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE DELETE	gistered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE Signature types or printed name or regulared agent 12. OFFICERS ANI TITLE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP: TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE DELETE	gistered Agent signature requiling 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS	ired when reinstating) DAT	S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	DELETE DELETE DELETE	gistered Agent signature required 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 STREET	ired when reinstating) DAT	S AND DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE Signature types or printed name or regulared agent 12. OFFICERS ANI TITLE DP GALBRAITH, G. LOCKE 4000 GULF SHR BV N #600 NAPLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP: TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE DELETE DELETE	gistered Agent signature requil 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ired when reinstating) DAT	S AND DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attachment of the anaddess, with all other like empowered.

SIGNATURE: