

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 NOV - 6 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000038023 (4)  
1. Corporation Name

GALBRAITH & ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

1142 WASHINGTON AE.  
WINTER PARK FL 32789

1142 WASHINGTON AE.  
WINTER PARK FL 32789

REINSTATEMENT *re-file*

|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  |  | 3a. Date of Last Report  |  |
| 21                             |  | 26                     |  | 05/12/1995   |  |  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number  |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 23 City & State                |  | 28 City & State        |  | 5. Certificate of Status Desired   |  | \$8.75 Additional Fee Required   |  |
| 24 Zip                         |  | 29 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution                                 |  | \$5.00 May Be Added to Fee   |  |
| 25 Country                     |  | 30 Country             |  | 8. 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

GALBRAITH, DEBRA L  
1142 WASHINGTON AE.  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

01 Name DEBRA L. GALBRAITH  
02 Street Address (P.O. Box Number is Not Acceptable) 1142 WASHINGTON AVE  
03  
04 WINTER PARK, FL 32789

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 607.0503, Florida Statutes.

SIGNATURE: *Debra L. Galbraith* DEBRA L. GALBRAITH, PRESIDENT 10-4-96  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | GALBRAITH, DEBRA L   |                                 |
| STREET ADDRESS | 1142 WASHINGTON AE.  |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32789 |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | 400002005154--2   |
| 3.3 STREET ADDRESS | -11/14/96--01106--015   |
| 3.4 CITY-ST-ZIP    | ***375.00 ***375.00   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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 change or on an attachment with an address.

SIGNATURE: *Debra L. Galbraith* 9-14-96 407-628-1520  
 Signature and typed or printed name of signing officer or director Date

CR2E034 (3/96)