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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # V11709

(5)

7801 GALLOWAY, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1992	3a. Date of Last Report 01/25/1994
4. FEI Number 65-0313685	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent RANDOLPH A. MCKEAN 6401 SW 87TH AVE SUITE 210 MIAMI FL 33173
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10. Name and Address of New Registered Agent 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 of registered agent or registered agent and the corporation

INSOLE: Registered Agent Signature required when new filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	DEDDY, LAWRENCE T.	1.2 NAME	
STREET ADDRESS	11010 N.KENDALL DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	DPST	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKEAN, RANDOLPH A.	2.2 NAME	
STREET ADDRESS	#210, 6401 SW 87TH AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD L. LEVENSTEIN	3.2 NAME	
STREET ADDRESS	6401 SW 87 AVE #212	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exception stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information was stated in 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

Randolph A. McKean
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/2/95

305-270-0880