

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 09 1998 8:00am
Secretary of State

DOCUMENT # **589957** (0)

1. Corporation Name
GALLAMAR, INC.

Principal Place of Business

**7035 S.W. 87 AVE.
MIAMI FL 33173**

Mailing Address

**7035 S.W. 87 AVE.
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1978

4. FEI Number

59-1879847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22. City & State

23

24. Zip

25

Country

26

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28

29. Zip

30

Country

31

9. Name and Address of Current Registered Agent

**MARGOLIS, SIDNEY
7035 S.W. 87 AVE
MIAMI FL 33173**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-98

OFFICERS AND DIRECTORS

12. TITLE

NAME **VS** ☐ DELETE

STREET ADDRESS **MARGOLIS, CAROL**

CITY-ST-ZIP **7035 SW 87 AVE**

MIAMI, FL 00000

13. TITLE

NAME **P** ☐ DELETE

STREET ADDRESS **MARGOLIS, SIDNEY**

CITY-ST-ZIP **7035 S.W. 87 AVENUE**

MIAMI FL

14. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

15. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

16. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

17. TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

VS

7-3-98 205 2713081

CR2E034 (5/98)