FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE					₁ FILED	
CORPORATION ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 27 1998 8:00am Secretary of State	
GALLE	R AND GORDON, see of Business	Маі 28	ling Address 0 - 95TH STREET IRFSIDE FL 33154			
i					DO NOT WRITE IN TH 3. Date Incorporated or Qualified 07/31/1969	IS SPACE
2. Principal F 21 Suite, Apt.	Place of Business	26	Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1272820	Applied For Not Applicable \$8.75 Additional
City & Stat	е	27	City & State		Certificate of Status Desired Election Campaign Financing	Fee Required \$5.00 May Be
Zip 24	Country 25	28 29 ss of Current Registe	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Register	Yes □ No
26 SU 11. Pursuant office or r agent. I a	LLER,EDWARD E 0-95TH STREET PRESIDE FL 33154 to the provisions of Section of	ons 607,0502 and 607 in the State of Florida ept the obligations of, t	7.1508, Florida Statutes Such change was au Section 607.0505, Flori	83 84 City	ess (P.O. Box Number is Not Acceptable) Foration submits this statement for the purpose on's board of directors. I hereby accept the a	
	Signature, typed or printed name			Registered Agent signature require		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLER,EDWARD 260-95TH STREET SURFSIDE FL	FICERS AND DIRECT	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON,CHARLE 260-95TH STREET SURFSIDE FL	S	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	.*	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME			☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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:

| 14. | I hereby certify that the information 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.

| 15. | 16. | 17. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. | 19. |