## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698955

(2)

THE GALBRAITH MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address						I 1984/118 BECELO HAVED EDIVE LOSSON BELIAN BIL	T LIBBRIDE BETTO BENED FORME TREAT WITH A HILL BIRDE CENTER WHEN A BENE WINDLE BENET HOUR			
400 E. SOUTH ORLANDO FL 3	Street, Ste. 500 2801	400 E. SOUTH STREET. S ORLANDO FL 32801-2878	400 E. SOUTH STREET, STE. \$00 ORLANDO FL 32801-2878							
						3. Date Incorporated or Qualified 08/14/1981		te of Last F	}eport	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For	
21	4	26				59-2114466		····	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired			Additional equired	
City & State	6	City & State				6. Election Campaign Financing			May Be	
<b>Z</b> ip	Country	28 Zin	Zip Country			Trust Fund Contribution		<del></del>	to Fees	
24	25	30			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes					
		25 29 30 and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ROU	RNE, ROBERT A			81	Name					
400	E. SOUTH STREET, STE. 500 ANDO FL 32801			82	Street Ad	dress (P.O. Box Number is Not Accepta	ole)			
UNU	MINDO FL 32001			83						
				84	City		FL	65 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	)502 and 607 1508. Florida Statu	tes the a	hove	a-named co	orporation submits this statement for the		changing i	its registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	authorize	d by	the corpo	ration's board of directors. I hereby acce	pt the app	ointment as	registered	
	птатнаг wiin, анд ассері те ос	ngations of, aection 607,0505, Fi	oriua sia	(UIG:	٥.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Flogistere	d Age	ont signature re-	quired when reinstaling)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	JERS AND	DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 Ti	TLE				Change	Addition	
NAME	Galbraith, James C		1.2 N	ame						
STREET ADDRESS	400 E SOUTH STREET, SUIT	TE 500	1.3 \$	TREET	ADORESS				•	
CITY - ST - ZIP	ORLANDO, FL 00000				T-ZIP			<del></del>		
TITLE		☐ DELETE	21 TI					Change	Addition	
NAME			22 N	AME	- 1	•			i	
STREET ADDRESS			235	TREET	ADDRESS					
CITY - ST - ZIP		□ pc₁str	2.4 CrTY-SY-ZIP 3.1 TIFLE		SY-ZIP			l Obsessed	Addition	
TITLE		☐ DELETE	1					Change	Addition	
NAWE			3.2 N							
STREET ADDRESS			. I		ADDRESS					
CITY - ST - 7IP TIPLE		DELETE	3.4. C		ST-ZIP			Change	Addition	
NAME		Land Ditterie	4.2 8		İ			Change	ridanion	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					iT-ZIP					
TITLE		DELETE	5.1 Ti		11.5.			Change	Addition	
NAME			5.2 N						<del></del>	
STREET ADDRESS			- 1		ADDRESS				ļ	
CITY - S1 - ZIP					IT-ZIP					
TITLE		☐ DELETE	6.1 TI		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS					ADDRESS					
CHY-SI-ZIP					ST-ZIP					
14. I do heret	by certify that the information supp	lied with this filing does not qual	ify for the	exe	mption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the	
f am an o	on Indicated on this annual report of fficer or director of the corporation in Block 12 or Plock 13 II changed	or the receiver or trustee empore	vered to e	accu exec	urate and tr cute this rep	nat my signature shall have the same leg port as required by Chapter 607, Florida	ai enect as Statutes; ar	nd that my	name	

SIGNATURE:

KINATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER ON DIRECTOR

12097

Daylime Phone #

**FILED** 

Feb 12 1997 8:00am

Secretary of State

\_\_\_