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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 698955

(2)

THE GALBRAITH MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 400 E. SOUTH STREET. STE. 500 400 E. SOUTH STREET, STE, 500 ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59:2114466 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOURNE, ROBERT A 400 E. SOUTH STREET, STE. 500 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 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, typical or printed name of regratured agent and title if approache. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE K Change Addition TITLE GALBRAITH, JAMES C NAME 1.2 NAME 400 E SOUTH STREET, SUITE 500 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL-00000-CITY-ST-ZIP 1.4 CITY - ST - ZIP ORLANDO, FL 32801 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHTY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

SIGNATURE: James (Galbraith 4/02/98 (407) 422-1574

14. Thereby 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 suppliemental 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 corp ration or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.