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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718445

1. Corporation Name

GALCOM INTERNATIONAL USA, INC.

Principal Place of Business

11621 CARROLLWOOD DR.
TAMPA FL 33618

Mailing Address

11621 CARROLLWOOD DR.
TAMPA FL 33618



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/05/1970 4. FEI Number 23-7248591 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

NELSON, GARY G.
11621 CARROLLWOOD DR.
TAMPA FL 33168

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	KENT, HAROLD	1.2 NAME	
STREET ADDRESS	11637 VILLAREAL DE AVILA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	WHITE, DONALD	2.2 NAME	
STREET ADDRESS	11013 GREENAIRE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	NELSON, GARY	3.2 NAME	
STREET ADDRESS	11621 CARROLLWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAASS, PAUL	4.2 NAME	
STREET ADDRESS	9231 KINGS RIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KARVONEN, DANIEL	5.2 NAME	
STREET ADDRESS	320 WOODSHIRE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANKATO MN 56001	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	D McGuire, Allan
STREET ADDRESS		6.3 STREET ADDRESS	65 Nebo Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hamilton, Ontario CN

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY NELSON

Jan. 6, 1999 (813) 933-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)