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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21 1998 8:00am
Secretary of State

DOCUMENT # F18779 (1) EL GALEON MANAGEMENT COMPANY, INC.					
Principal Plac	ce of Business	Mailing Address			iri bibii bibir bibii bibii ibbi
% JOHANNA R. DEPALMA		% JOHANNA R. DEPALM/	A		
1770 GULF BLVD.		1770 GULF BLVD.			
ENGLEWOOD FL 34223-5730		ENGLEWOOD FL 34223-5730		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
	· · · · · · · · · · · · · · · · · · ·			02/09/1981	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2007624	Not Applicable
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	to .	27	•		Fee Required
23	<i>t</i> e	City & Stato		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip 7	Country	Trust Fund Contribution	Added to Fees
24	25	├	30	8. This corporation owes or has paid the cu	
24)	9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
- De			81 Name	(U. Marillo dillo Addition Of Hom Registeror	Agent
DEPAUMA, JUHANNA N.					
1770 GULF BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ENGLEWOOD FL 33533			83		
			84 City		85 Zip Code
44 Dureuant	to the provisions of Costions 607.0500	2 and 607 1600 Florida Chat		FL	<u> </u>
office or agent. I a	registered agent, or both, in the State is am familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607,0505, Flo	ss, the above-hamed corpora uthorized by the corpora rida Statules.	poration submits this statement for the purpose of lion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, lyped or printed name of registered agen	N and little d applicable. (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONAL TO CONTINUE AND	Change Addition
NAME	DEPALMA, JOHANNA R.		1.2 NAME		
STREET ADDRESS	1770 GULF BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	E NGLEWOOD FL		1.4 CITY - ST - ZIP		
TITLE	81	DELETE	2.1 TITLE		Change Addition
NAME	DEPALMA, DEBORAH		2.2 NAME		C change C radicion
STREET ADDRESS	1765 GULF BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL				
TITLE	V	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	DEPALMA, EMIL		3.2 NAME		□ oucuge □ Musiculi
STREET ADDRESS	1765 GULF BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL				i
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME					CT change CT whollon
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP		- I Addition
			5.1 TITLE		Change
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Lociere	5.4 CITY-ST-ZiP		0.
TITLE		☐ DELETE	6.1 TITLE		L Change L Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. i hereby d	certify that the information supplied wit	to this filling closes not qualify for	the exemption stated in	Section 119 07(3)(i) Florida Statutas, Lifurther or	artifu that the information

4. 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 emboured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters or on an attachment with an address.