FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$10.00 PROFIT Feb 20 1998 8:00am FLORIDA DEPARTMEN F STATE CORPORATION Sandra B. Monm **ANNUAL REPORT** Secretary of State Secretary of St 1998 DIVISION OF CORPOTIONS DOCUMENT # J & R GALAXY CORPORATION Principal Place of Business Mailing Address 2280 SE 10 CT 2280 SE 10 CT POMPANO BEACH FL 33062 POMPANO BEACH FL 33082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2301920 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Centry This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAIDENSTAT, JAIME 81 Name 2280 \$ E 10 CT Street Address (P.O. Box Number is Not Acceptable) POMPONO BCH FL 33062 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the bove-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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TILE Change Addition SAIDENSTAT, JAIME NAME 1.2 NME 2280 S.E 10 CT STREET ADDRESS 1.3 SREET ADDRESS POMPONO BCH FL CITY-ST-ZIP 1.4 OTY - ST - ZIP TITLE DELETE Change 21 THE Addition NAME SAIDENSTAT, ROCHELLE 2.2 NAME 2280 S.E 10 CT STREET ADDRESS 2.3 STREET ADDRESS POMPONO BCH FL CITY-ST-ZIP 2. 4 OTY - ST - ZIP TITLE DELETÉ 3.1 TILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-Z#P 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY - ST - ZIP 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 efficient 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 Offinged, or on an attachment with an address.

5.4 CITY-ST-ZiP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition