PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F48057**

1. Corporation Name

GALEN NEFF & ASSOCIATES, INC.

Principal Place of Business	

817 ALHAMBRA CIR..CORAL GABLES. FL.. 33134

P.O. BOX 144096 CORAL GABLES FL 33114 Mailing Address

817 ALHAMBRA CIR. CORAL GABLES, FL., 33134 P.O. BOX 144096

CORAL GABLES FL 33114

FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90056 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				09/08/1981	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2131102	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		U. Commons of Camara Camara	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	- \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible X Yes □No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	ent Registered Agent	81 Nar		Agent
SNO	WDEN, CHARLES H			GALEN NETT	
	S DIXIE HWY	-	82 Stre	et Address (P.O. Box Number is Not Acceptable)	<u>:</u>
	E 212		83	BI / HLHAIIBIG CIACLE	-
	VII FL 33133		63		
IAIIVA	WI FE 33133		84 City	- 4.4 4 4.55 EI	85 Zip Code
				ORAL GABLES FL	shanging its registered
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes a of Florida. Such change was auth	, the above-nam norized by the co	d corporation submits this statement for the purpose of rooration's board of directors. I hereby accept the appoint	ntment as registered
agent. I a	m familiar with and accept the oblig	ations 1, Section 607 0505, Florid	a Statutes.	rporation's board of directors. I hereby accept the appoi	105
SIGNATURE	A V	//~//		FF 1/121	
	Signature typed or printed printed registered ag			re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	P C	OBotte			
NAME	NEFF, GALEN		1.2 NAME		
STREET ADDRESS	817 ALHAMBRA CIR.		1.3 STREET ADDRE	³⁸ (.	
CITY-ST-ZIP	CORAL GABLES FL	□ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VP	☐ DELETE	2.1 TITLE		
NAME	NEFF, CHRISTOPHER		2.2 NAME		
STREET ADDRESS	817 ALHAMBRA CIR		2.3 STREET ADDRE	SS .	
CITY-ST-ZIP	CORAL GABLES FL	- Determ	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRI	os	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	1	•
STREET ADDRESS			4.3 STREET ADDRI	SS S	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	,	Change Addition
NAME			5.2 NAME	,	
STREET ADDRESS			5.3 STREET ADDRE	SS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRI	ss .	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	İ	

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 607, 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.