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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G40167**

1. Corporation Name

GALT INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address				THE STATE OF THE S			
1725 CLEARWATER/LARGO RD S. CLEARWATER FL 33756 US		PO BOX 8 CLEARWATER FL 33757			DO NOT WRI	TE IN TUI	S SDACE		
		US			ļ	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						05/19/1983			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For			pplied For
21	000 01 20011/000	26				59-2286002		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					`	\$8.75	Additional
22	,	27				5. Certifcate of Status Desired		Fee R	equired
City & State	e	City & State			.~	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	ent year lı		<b></b>
24	25	[29]	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered	d Agent	
14400 A 14404				1 N	ame				i
	DA, MARK		8	2 SI	treet Addres	ss (P.O. Box Number is Not Accepta	ible)		
	CLEARWATER LARGO RD S								
CLEA	ARWATER FL 34616			3		1.00	وقريم وأكال	and the same	. 18.75s. 47%.
			18	4 C	ity			85 7in	Code 133
				-	•	<u> </u>	#rHH_	<b>L</b> `	7 - 1 - 1 - 1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was au	thorized t	v the	med corpor corporation	ration submits this statement for the 's board of directors. I hereby acces	purpose of the app	ointment as re	egistered
SIGNATURE									
				gent sigr	nature required v	when reinstating)  ADDITIONS/CHANGES TO OF	DATE /	ND DIRECT	OPS IN 12
12.				13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	FICENS F	Change	Addition
TITLE	PST MADE	- DELETE							
NAME	WARDA, MARK	^	1.2 NAM						1
STREET ADDRESS	1725 CLEARWATER LARGO RD	3		EET ADD					
CITY-ST-ZIP	CLEARWATER FL	□ DELETE	2.1 TITL	-ST-ZIP	<u> </u>			☐ Change	☐ Addition
TITLE									_
NAME			2.2 NAM						
STREET ADDRESS			2.3 STR					•	ļ
CITY-ST-ZIP		DELETE	2. 4 CIT		P		<del></del> -	Change	( ) Addition
TITLE			3.2 NAM						_
NAME			3.2 NAW		DDESC				
STREET ADDRESS					·				}
CITY-ST-ZIP		☐ DELETE	4.1 TITL	/-ST-ZII	r			Change	Addition .
TITLE		[] 020216	4.1 11/L					_ •	_
NAME			4.2 NA		nacee				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL					Change	Addition
TITLE			5.1 THE		1	•			
NAME			5.3 STR		DRESS			•	
STREET ADDRESS			5.4 CITY						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL					Change	Addition
			6.2 NAM	E					
NAME STREET ADDRESS			6.3 STR		DRESS				
STREET AUDRESS	1								

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

727-*587-0999* 

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90040 038 \*\*\*150.00