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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G90988

(8)

GALMAN CONTRACTORS, INC.

## **FILED** May 16 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Addr	Mailing Address						
200 LANDINGS BLVD FT LAUDERDALE FL 33327 US			200 LANDINGS BLVD FT LAUDERDALE FL 33327-1107						
						3. Date incorporated or Qualified 02/15/1984	3a. Date of 1		
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEt Number		Applied For	
21		26	26			59-2404647	[	Not Applicable	
Suite, Apt.	#, etc.	<b>∮</b> —₁	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Regulred	
City & Stat	е	City & Sta	eto	,		6. Election Campaign Financing	\$4	5.00 May Be	
23		28	28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	1	Country	/	8. This corporation has liability for	intangible tax ur	nder s. 199.032,	
24	25	29	3	0			₹Yes 🗍 No		
	9. Name and Address of C	urrent Registered Age	nt			10. Name and Address of New Re	gistered Agent		
KIR	SHNER, RICHARD M.			81	Name				
5901 S.W. 74TH STREET					Street Add	Address (P.O. Roy Number is Not Assertable)			
	TE 404				Street Address (P.O. Box Number is Not Acceptable)		ļ		
	UTH MIAMI FL			83	1				
	F 14 6/10 WILL 4 32								
				84	City		FL  85	Zip Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508. F	iorida Statutos	L s. the abov	e-named co	rooration submits this statement for the c		aina ils registered	
office or r	registered agent, or both, in the	State of Florida, Such c	hange was au	thorized b	y the corpora	rporation submits this statement for the patients at a statement of directors. I hereby accept	of the appointme	ent as registered	
	irii taminar with, and accept the	obligations of, Section E	507.0505, F10H	da Siaidio	S.				
SIGNATURE	Signature, typed or printed name of register	and anont and title if anningable	/NO1E (	Henisteted An	oul Signature tech	uired when reinstating)	DATE		
12.		S AND DIRECTORS		13.	on organization	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD		DELETE	1.1 TITLE					
NAME	GALLUB, PHILIP B.			1,2 NAME			_	•	
STREET ADDRESS	200 LANDINGS BLVD			1.3 STREE	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 DHY-1	]			i	
TITLE	11213231313		DELETE	21 Inte				hange Addition	
NAME			-	22 NAME				. —	
STREET ADDRESS					I ADDRESS			'	
CITY-ST-ZIP				2.3 BINEC					
TITLE		·	DELETE	3.1 THE	21-71			hange Addition	
NAME		<b>L</b>		3.2 NAME	1		VI		
					1 Annberge			i	
STREET ADDRESS					I AUDRESS			ļ	
CITY-ST-ZIP			DELETE	3.4. CITY-	21.516,		Ci	hange Addition	
l i		L.	g ==0.0.5.15	1			ب ب	winder Filt Specifical	
NAME OTREET ARRESCO				4. 2 NAME					
STREET ADDRESS					1 ADORESS			İ	
CITY-ST-ZIP			DELETE	4.4 CITY-3	51-711			hange Addition	
TITLE		L_	Journe	5.1 TOLE			الل الليا	nange LJ ADURION	
NAME OXOGET ANDRESS				5.2 NAME	. ADDUCES				
STREET ADDRESS					T ADDRESS			ļ	
CITY-ST-ZIP			DELETT	54 CITY-	ST - ZIP				
TITLE		L.	] DELETE	61 TITLE			[] CI	hange L Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 \$1REE	1 ADDRESS			;	
CITY-ST-ZIP				6.4 CITY-	ST-ZIP				
أمعمط ملما العا									

I do 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 eath; 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 chapted, or or fan attachment with an address.