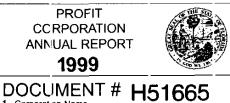
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999

1. Corporation Name GALT REALTY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90196 023 ***150.00

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Principal Place of Business	Mailing A	Address		f im Ermit Gran annat train after Ans	91 9111 91911 9 101	, 41914	
4839 LAUREL LANE FT. MYERS FL 33908 US		POELKER UREL LANE RS FL 33908		DO NOT WRIT	E IN THIS S	PACE	
	US		3.	Date Incorporated or Qualifed			
				04/08/1985			
2. Principal Place of Business	2a. Mailir	ing Address		FEI Nurnber			Applied For
1 201 M G-REGOD	BOK CIRCLE 26 20	OI M PREGOL BLK C	PC1=	59-2521897			Not Applicable
Suite, Apt. #, etc.	Suite.	e, Apt. #, etc.	5.	Certifca e of Status Desired		\$8.75 Ad titional Fee Required	
City & State GORT MYERS	F.A. 28 /	& State FORT MYERS, FLA	4. 6.	Election Campaign Financing Trust Ft nd Contribution			00 May Be led to Fees
Zip / Count	y Zip_	Country	, 8.	This corporation owes the curre	ent year ir tar	ngible	

POELKER, THOMAS J. 4839 LAUREL LN. FT. MYERS FL 33908

25

		10. Name and Address of New Registered Agent	
81	Name		
82	Street Add	ess (P.O. Box Number is Not Acceptable) MCGREGOR FARK CIRCLE	_
83			
84	City	FI 85 Zip Co le	

Personal Property Tax.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, the above-named consoration submits this statement for the purpose of changing its registered office or registered about, 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 temper with, and accept the oppositions of, Section 607.0505/Florida Statutes.

agont. ra		<u>`</u>	//	0 O	1
SIGNATURE.	Marie Pkt),	t when reinstating) DATE	77	
		Registered Agent signature requir	ADDITIO VS/CHANGES TO OFFICERS AND D	UDECTOR	C INI 12
12.	OFFICERS AND DIRECTORS	13.			
TITLE	DP DELETE	1.1 TITLE		Change	☐ Addition
NAME	POELKER, THOMAS J.	12 NAME			
STREET ADDRES 3	3839 LAUREL LN. 201 M PAFGOR PARK CINCLE FORT MYERS FL. FORT MYERS FLA	1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL FURTIMYERS FLA	14 CITY-ST-ZIP			
TITLE	DELETE	21 TITLE] Change	☐ Addition
NAME.		2.2 NAME	-		_
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE] Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRES 3		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4 2 NAME			
STREET ADDRES 3		4.3 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	ليا	Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRES 3		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental annual report is true and occurate 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 receive 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)