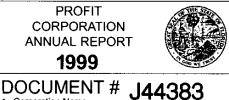
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NEAL GALBO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90127 022 ***150.00



Principal Place of Business Mailing Address % GALBO & ASSOCIATES, INC. % GALBO & ASSOCIATES, INC. 23123 STATE ROAD 7. STE. 230 23123 STATE ROAD 7. STE. 230 **BOCA RATON FL 33428** BOCA RATON FL 33428 . DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/18/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2737742 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible □No 24 25 29 30 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GALBO, NEAL Street Address (P.O. Box Number is Not Acceptable) 11580 ISLAND LAKES LANE **BOCA RATON FL 33498** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-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 reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE ☐ Change ☐ Addition GALBO, NEAL NAME 1.2 NAME 11580 ISLAND LAKES LANE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change TITLE 51TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE ☐ DELETE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 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/s 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 convocation 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 chair with all other like empowered.

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CR2E034 (11/98)