

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED *Pg. 1 of 2*

97 NOV -5 AM 9:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J93045** (9)

1. Corporation Name  
**S.C. GALBRAITH, INC.**



Principal Place of Business Mailing Address

**7922 WILES RD 4963 NW 110th Way SUITE 213 CORAL SPRINGS FL 33066 33076 US**

**7522 WILES ROAD 4963 NW 110th Way SUITE 213 CORAL SPRINGS FL 33067 Coral Springs, Fla 33076 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1987** 3a. Date of Last Report **06/03/1996**

4. FEI Number **59-2837990** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GALBRAITH, S.  
 248 NW 92ND AVENUE  
 CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 Sally C. Galbraith - Sally C. Galbraith DATE **11/3/97**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GALBRAITH, S.</b>	
STREET ADDRESS	<b>4963 NW 110TH WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>100002342541-5</b>
1.3 STREET ADDRESS	<b>-11/10/97--01068--004</b>
1.4 CITY-ST-ZIP	<b>****550.00 ****550.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A. Alan 11/5/97*

14. 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 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.

SIGNATURE Sally C. Galbraith Sally C. Galbraith 661-345-6668

CR2E034 (4/97)

*S.C. Galbraith*  
**& associates**  
— YOUR MARKETING PARTNER —

*Pg. 2 of 2*

November 3, 1997

To: Amy Alan - Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Ref. No.: J93045 - Letter No.: 097A00052455

From: Sally C. Galbraith  
S.C. Galbraith, Inc.  
4963 NW 110th Way  
Coral Springs, FL 33076

Amy,

Per your letter number 097A00052455; please notice the Annual Report Form was sent to our old address and then was finally forwarded to our new address as listed on this letterhead and I received this on October 21st. As you can see, I filled out everything on the form, and handwrote "new address, sorry its late, I just received this!" On November 3rd, I received everything back with this cover letter, so I made a phone call, and the woman on the phone told me that I forgot to sign #11, which I did, and told me I had to explain the change of address and why I got it in late in writing to you.

Please see attached form with #11 signed, check for \$550.00 and if you have any questions, please don't hesitate to call me at (954) 345-6668.

Sincerely,

*Sally C Galbraith*

Sally C. Galbraith

4963 NW 110th Way  
Coral Springs, FL  
33076

Office: 954.345.6668  
Fax: 954.345.6559

SCGAL@aol.com