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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000002417**

1. Corporation Name  
**GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business  
 9500 S. DADELAND BLVD  
 SUITE 702  
 MIAMI FL 33156  
 US

Mailing Address  
 9600 S. DADELAND BLVD  
 SUITE 702  
 MIAMI FL 33156  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/13/1994</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0586152</b>
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent  
**MCKEAN, RANDOLPH A**  
**6401 S.W. 87TH AVE.**  
**SUITE 210**  
**MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name <b>Drew Sheridan</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7765 S.W. 87th Avenue</b>
83 <b>Suite 102</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33173</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/22/99**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEAN, RANDOLPH A	
STREET ADDRESS	6401 S.W. 87TH AVE., SUITE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ERIC	
STREET ADDRESS	7775 SW 87 AVENUE, SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANZO, RINO	
STREET ADDRESS	7775 S.W. 87 AVE., STE 112	
CITY-ST-ZIP	MIAMI FL	
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	President - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sheridan, Drew	
1.3 STREET ADDRESS	7765 SW 87th Avenue, Suite 102	
1.4 CITY-ST-ZIP	Miami, FL 33173	
2.1 TITLE	Vice President-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lowenhaupt, Kenneth	
2.3 STREET ADDRESS	7765 SW 87th Avenue, Suite 201	
2.4 CITY-ST-ZIP	Miami, FL 33173	
3.1 TITLE	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Manzo, Rino	
3.3 STREET ADDRESS	7775 SW 87th Avenue, Suite 112	
3.4 CITY-ST-ZIP	Miami, FL 33173	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cohen, Eric	
4.3 STREET ADDRESS	7775 SW 87th Avenue, Suite 100	
4.4 CITY-ST-ZIP	Miami, FL 33173	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Orovitz, Robert	
5.3 STREET ADDRESS	7765 SW 87th Avenue, Suite 101	
5.4 CITY-ST-ZIP	Miami, FL 33173	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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 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 617, 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 lines empowered.

SIGNATURE: *[Signature]* DATE: **1/22/99** **305 596 3368**

CR2E037 (1/98)