FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060302 (5)

1. Corporate Name
WHITE LIGHTNING PRODUCTIONS CORP.

Principal Place of Business	Mailing Address
6045 N.W. 37TH STREET SUITE W-108 MIAMI FL 33166	6045 N.W. 37TH STREET SUITE W-108 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0433369 ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WHITE, KENNETH E JR
6045 N.W. 37TH ST.
SUITE W-108
MIAMI FL 33166-7053

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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WHITE, KENNETH E JR
STREET ADDRESS	6045 N.W. 37TH ST. SUITE W-108
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 or is attached with an address.

SIGNATURE: Kenneth E. White Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0179712 CP

FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000060385 (0)

1. Corporation Name

JEFFREY GALITZ, M.D., D.P.M., P.A.

Principal Place of Business: % JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD FL 33020

Mailing Address: % JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/27/1993
3a. Date of Last Report	04/06/1994
4. FEI Number	65-0443335
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 has liability for intangible tax under s. 199.032 Florida Statutes	X Yes

2. Principal Place of Business / 2a. Mailing Address: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

GALITZ, JEFFREY MD DPM
210 S. FEDERAL HIGHWAY
SUITE 401
HOLLYWOOD FL 33020

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 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALITZ, JEFFREY
STREET ADDRESS	210 S. FEDERAL HWY., SUITE 401
CITY-ST-ZIP	HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P/S/T (XX Addition)
NAME	Jeffrey Galitz, M.D., D.P.M.
STREET ADDRESS	210 S. Federal Hwy., Suite 401
CITY-ST-ZIP	Hollywood, FL 33020

14. I hereby certify that the information supplied with this filing is substantially furnished and 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: X [signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY GALITZ, M.D., D.P.M.

X 4/15/95 (305)927-8888

DATE / DAYTIME PHONE

0080366 CP