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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000062251 (2)

LAW OFFICES OF RICHARD GALEX, P.A.

370 W. CAMINO GARDENS BLVD. 370 W. CAMINO GARDENS BLVD. **BOCA RATON FL 33432 BOCA RATON FL 33432-5816** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1993 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0437660 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 8. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Country 71 This corporation has liability for intengible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GALEX, RICHARD ESQUIRE 370 W. CAMINO GARDENS BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33433** 83 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. Lam lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature: type if or penticul native of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Change Addition DELETE MUE 1.1 TITLE **GALEX. RICHARD** NAME 1.2 NAME 370 W CAMINO GARDENS BLVD. 1.3 STREET ADDRESS STREET ADJURESS **BOCA RATON FL 33432** CHY-ST ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE Thite 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY - ST - ZIF 2. 4 CITY - ST - ZIP Change Addition ☐ DEL ETE 3.1 TITLE THEF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP DITY-ST-76° DELETE ☐ Change Addition 4.1 TITLE **file** 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 OTY - \$1 - 70P CITY (\$1 - 76) Change DELETE Addition THE 5.1 TITLE 5.2 NAME NAME

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

14. If 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 of 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 prector of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

61 TULE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an

STREET ADDRESS

STREET ADDRESS

CHY-ST 2H

CITY ST-299

HILL

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

ment with an address

3 18 97 5

561 391-3499

Change

Addition

**FILED** 

Mar 24 1997 8:00am

Secretary of State