

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000065703 (8)

1. Corporation Name

GALERIA AUTO EXCHANGE, INC.

Principal Place of Business
1161 W S.R. 436 DR
ALTAMONTE SPRINGS FL 32714

Mailing Address
1161 W S.R. 436 DR
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/01/1994

4. FEI Number

59-3268253

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

21 934 S. Orange Blossom

Suite, Apt. #, etc. Trail

22 City & State

23 Apopka, FL

24 Zip 32703 25 Country

2a. Mailing Address

26 211 Weymouth Harbor

Suite, Apt. #, etc. Cove

27 City & State

28 Longwood, FL

29 Zip 32779 30 Country

9. Name and Address of Current Registered Agent

J. William Masters, II, Esquire
5142 Curryford Road
Orlando, FL 32812

10. Name and Address of New Registered Agent

81 Name Mary Elizabeth Constantini

82 Street Address (P.O. Box Number is Not Acceptable)
211 Weymouth Harbor Cove

83

84 City Longwood, FL 85 Zip Code 32779

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 *Mary E. Constantini* MARY E. COSTANTINI 7-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME GARVER, ROBERT L
STREET ADDRESS 2128 PALM CREST DR
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME Mary Elizabeth Constantini
1.3 STREET ADDRESS 211 Weymouth Harbor Cove
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE P ☐ Change ☐ Addition
2.2 NAME Mary Elizabeth Constantini
2.3 STREET ADDRESS 211 Weymouth Harbor Cove
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE V ☐ Change ☐ Addition
3.2 NAME Tony Constantini
3.3 STREET ADDRESS 211 Weymouth Harbor Cove
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE S/T ☐ Change ☐ Addition
4.2 NAME Mary Elizabeth Constantini
4.3 STREET ADDRESS 211 Weymouth Harbor Cove
4.4 CITY-ST-ZIP Longwood, FL 32779

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Mary E. Constantini* 7-17-98 4177000679

CR2E034 (5/98)