

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000065703

1. Corporation Name

GALERIA AUTO EXCHANGE, INC.

FILED

00 JAN -3 PM 2: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

09-2000

Principal Place of Business

934 S. ORANGE BLOSSOM TRAIL  
APOPKA FL 32703  
US

Mailing Address

211 WAYMOUTH HARBOR COVE  
LONGWOOD FL 32779  
US

2. Principal Place of Business

21 1725 Lee Rd.

2a. Mailing Address

26 211 WAYMOUTH HAR. COV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando Florida

City & State

28 LONGWOOD FLORIDA

Zip

24 32810

Country

25 U.S.A.

Zip

29 32779

Country

30 USA

9. Name and Address of Current Registered Agent

MARY ELIZABETH CONSTANTINI  
211 WAYMOUTH HARBOR COVE  
STE. 220  
LONGWOOD FL 32779

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

59-3268253

Applied **SP**  
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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

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

*Mary E. Constantini*  
Signature, typed or printed name of registered agent and title if applicable.

*Mary E. Constantini*  
(NOTE: Registered agent signature required when reinstating)

*Jan 1, 2000*  
DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME CONSTANTINI, MARY E.  
STREET ADDRESS 211 WAYMOUTH HARBOR COVE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE V ☐ DELETE  
NAME CONSTANTINI, TONY  
STREET ADDRESS 211 WAYMOUTH HARBOR COVE  
CITY-ST-ZIP LONGWOOD FL 32779

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
000003096670--3  
-01/12/00--01093--020  
\*\*\*\*\*900 00 \*\*\*\*\*900 00

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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)(l), 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:

*Tony Constantini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*TONY CONSTANTINI* JAN 1-2000 407 788 9479  
Date Daytime Phone #