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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT

1. Corporation Name

IN-CHANT BY GALEAH, INC.

P95000040665

Principal Place of Business

Mailing Address

1280 SOUTH POWERLINE ROAD
UNIT #191
POMPANO BEACH, FL 33069

3. Date Incorporated or Qualified

5/25/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

ANNE TETREULT
1280 S. POWERLINE ROAD
UNIT #191
POMPANO, FL 33069

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 607.1506, 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

Signature of the registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	ANNE TETREULT (PD)	1280 S. POWERLINE ROAD	UNIT #191	PRESIDENT
			POMPANO, FL 33069	DIRECTOR
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

1.1 TITLE	☐ Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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

ANNE TETREULT

OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR