CR2E034 (11/98)

FR.E NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS						
 Corporation 	MENT # P9500 In Name S GALORE & MORE, INC	0046068					
Principal Place	e of Business	Mailing Address			I 164(184) ing ngiệt được định nghiệt gọi re gi	Billi Bráilé Airin Báile a	1(8) 1911 1861
P.O. BOX 2034		P.O. BOX 2334					
MARCO ISLAND FL 34146		MARCO ISLAND FL 34146			DO NOT WRITE IN T	HIS SPACE	
					3. Date Ir corporated or Qualifed		
					06/09/1995		
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26		65-0602311		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Rec		
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 A Added to	•
Zip	Country	Zip	Country	У	8. This corporation owes the current year	: Intangible	4
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		<u>X</u> No
	9. Name and Address of Curr	rent Registered Agent	81	Name	TU. Name and Address of New Register	eu Agent	
GIUO	GGIO, LEONARD J						
	S. COLLIER BLVD		82	Street Acc	dress (P.O. Box Number is Not Acceptable)		
	CO ISLAND FL 34145		83	3			
			84	City	i	85 Zip C	-)ae
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tu es, the abov		poration submits this statement for the purposition's board of cirectors. I hereby accept the ap	e of changing its r	egistered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida, Such change was	authorized by	y the corporat	tion's board of cirectors. I hereby accept the ap	opointment as reg	stered
=	in familiar with, and accept the ob-	ganina di, badian dan dada, i		··			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TI: Registered Age	ent signature requir	red when reinstating) DATE		
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE			change	[] Addition
NAME	GIUGGIO, LEONARD		12 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP	MARCO ISLAND FL 34145	☐ DELETE	1.4 CITY-1 2.1 TITLE	ST-ZIP		Change	Addition
TITLE			2.2 NAME			_ •	_
NAME	GIUGGIO, JUDITH 599 S. COLLIER BLVD			T ADDRESS			
STREET ADDRESS	MARCO ISLAND FL 34145		2.4 CITY-	ì			
TITLE	MARCO IODARO I E STITO	DELETE		<u> </u>		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRE! S			4 3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	I		Change	Addition
NAME			5.2 NAME				
STREET ADDRES S				ET ADDRESS			
CITY-ST-ZIP		□ DCI CTC	54 CITY-			Change	Addition
TITLE		☐ DELETE	6.2 NAME)			
NAME				ET ADDRESS			
STREET ADORESS	1		0.0 0 intr				

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 coath; that I am an officer or director of the corporation or the receivar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATUSE AND TYPED OR RINGED NAME OF SIGNING OFFICER OR DIRECT

4.20-99 × 94/642 9299

Date Daylime Phone #