

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000057470 (3)**

1. Corporation Name
JOHN GALT VENTURES, INC.



Principal Place of Business: **2000 GLADES RD SUITE 400 BOCA RATON FL 33431**
Mailing Address: **2000 GLADES RD SUITE 400 BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report: **NONE**
4. FEI Number: **65-0604276**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **181 CRAWFORD BLVD.**
22 **BOCA RATON FL.**
23 **33435**
24 **Palm Beach**
25 **33429**
26 **P.O. Box 189**
27 **BOCA RATON**
28 **Palm Beach**
29 **33429**
30 **Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRAWG CORP.
2000 GLADES RD
SUITE 400
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and for it, signed

1996 Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS
TITLE: **President / Sec. / Treas.** DELETE
NAME: **Lee Burke**
STREET ADDRESS: **181 CRAWFORD BLVD.**
CITY - ST - ZIP: **BOCA RATON FL. 33432**
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
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

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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: *Lee Burke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (407) 392-8888
Date: Daytime Phone #

CR2E034 (12/95)