

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90220 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000016157**

1. Corporation Name  
**G.A.L. COMMUNICATIONS OF SOUTH FLORIDA INC.**



Principal Place of Business 18520 NW 67TH AVENUE STE 249 MIAMI FL 33015	Mailing Address 18520 NW 67TH AVENUE STE 249 MIAMI FL 33015
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>65-0642133</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAZARUS, RONALD A 18520 NW 67TH AVENUE STE 249 MIAMI FL 33015				81 Name	<b>GARY A. LAZARUS</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>14531 CEDAR CT</b>		
				83			
				84 City	<b>MIAMI LAKES</b>	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: GARY A. LAZARUS **GARY A. LAZARUS PRESIDENT** DATE: **5-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAZARUS, RONALD LAZARUS</b>	1.2 NAME	<b>GARY A. LAZARUS</b>
STREET ADDRESS	<b>18520 NW 67TH AVENUE, STE 249</b>	1.3 STREET ADDRESS	<b>14531 NW 67TH AVE., STE 249</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>V.P. RONALD A. LAZARUS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>18520 NW 67TH AVE., STE 249</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Ronald A. Lazarus **424 99** **305-261-1919**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)