## ユーザーリカーフノブスノ ベ FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000022212 (0)

EAU GALLIE PUBLISHING, INC.

Principal Place of Business	Mailing Address
3653 PALOMINO RD. MELBOURNE FL 32934	3653 PALOMINO RD. MELBOURNE FL 32934

FILED Feb 09 1998 8:00am Secretary of State



MELBOOTHE PL 02004		DO NOT WRITE IN THIS SPACE				
				3. Date incorporated or Qualified		
ļ				03/08/1996		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21 26			59-3372204	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional		
22			3. Gertificate of olates begins a	Fee Required		
City & State City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country .	Zip	Country	8. This corporation owes or has paid the current year intangible		
24	25	29 30	<u> </u>	Personal Property Tax due June 30.		
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	ent	
MILLER, ALLEN L			81 Name MARION CULJAK			
398 N HARBOR CITY BLVD			82 Street Address (P.O. Box Number is Not Acceptable)			
MELBOUSRNE FL 32935			1 36	3653 ralamino Rd		
1	. <u> </u>		83		1	
1			84 City -0.0		5 Zip Code	
<u> </u>			III III MAE	lbouine FL	32034	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above seemed corne	protion cultimite this statement for the nurnose of ch	anging its registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut tions of Section 607,0505. Florid	horized by the corporation	on's board of directors. I hereby accept the appoint	lment as registered	
		the second secon		2 - 2 - 9 ( ad when reinstating) DATE	a	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: H	legistered Agent signature require	ed when reinstating) DATE	-	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	D	☐ DELETE	1.1 TITLE		Change	
NAME	CULJAK, MICHAEL		1.2 NAME			
STREET ADDRESS	3653 PALOMINO RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	
NAME	CULJAK, MARION		2.2 NAME			
STREET ADDRESS	3653 PALOMINO RD.		2.3 STREET ADDRESS		:	
CITY-ST-ZIP	MELBOURNE FL 32934		2, 4 City-ST-ZIP		,	
TITLE	MELDOCHIAL I E OZOCA	DELETE	3.1 TITLE		Change	
NAME		:	3.2 NAME		į	
STREET ADORESS			3.3 STREET ADDRESS			
			3.4, CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change	
<b>!</b>			4, 2 NAME	_		
NAME			4.3 STREET ADDRESS		;	
STREET ADORESS			l			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE		T DETEST	5.1 TITLE	<u> </u>	S. S	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		-	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 TITLE		Change	
NAME			6.2 NAME		1	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP	Cooling 110 07/9/6) Florido Statutos I further cortifi	12 1 1 1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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.

OLONIATURE.

MARKEMATURE PROLIPE

7-7-00

1600 250 1122