


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0002195

|   |   |  |
|---|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>      |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P96000022518</b>                    |   |  |
| 1. Corporation Name<br><b>GALAXIE INTER, INC.</b> |   |  |

FILED

93 JUN 29 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 241<br/>LAKE WORTH FL 33460</b> | Mailing Address<br><b>P.O. BOX 241<br/>LAKE WORTH FL 33460</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>02/12/1996</b>  |  |
| 21   |  | 26   |  | 4. FEI Number<br><b>65-0650929</b>  |  |
| 22   |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                     |  |
| 23   |  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |  |
| 24   |  | 29   |  | 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<br><b>PIERRE-LOUIS, MARKES M<br/>6138 ARCADE COURT<br/>LAKE WORTH FL 33463</b> |  |  |  | 10. Name and Address of New Registered Agent  |  |
| 81 Name  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
| 83   |  |  |  | 84 City   |  |
|  |  |  |  | 85 Zip Code <b>FL</b>   |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  |   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |   |
| 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: Morice M. Pierre-Louis 6-17-99 582-7401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

June 23, 1999

RE: 1999 Profit Corporation Annual Report

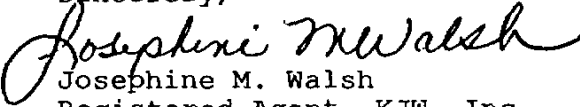
To Whom It May Concern:

Please accept my apology for the enclosed report not being completed and returned before May 1, 1999.

This is the first time that I ever had to file this document as the corporation, KJW, INC., was started only last year (2/98). I honestly do not remember receiving this report prior to this one, which I received just a few weeks ago, and thought it was something to be filed away for my records. I placed it in a folder of things to be filed away (I must of been very distracted that morning not to see in big red letters "Filing Fee") and didn't get back to it until this morning. When I opened it I realized that it needed my immediate attention so I called your office at once and inquired what I should do. I was told to send in the fee immediately and write this letter of explanation. It was not done intentionally by any means. It is just that I was not aware of this document as this is my first year handling our corporation's paper work. Once again I apologize and assure you this will never happen again.

The report I have here does say "1st Notice Without Penalty", so hopefully your office does understand this is our first year. Once again, sorry for any inconvenience. I will be sure to look for it next year!

Sincerely,

  
Josephine M. Walsh  
Registered Agent, KJW, Inc.

JMW/