


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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90169 043 \*\*\*150.00

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                       |                                                                 |
| <b>DOCUMENT # P96000042563</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                            |                                                                 |
| 1. Corporation Name<br><b>GALACTIC COMICS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                                                                                                            |                                                                 |
| Principal Place of Business<br><b>1820 TARPON LANE #E-102</b><br><b>VERO BEACH FL 32960</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | Mailing Address<br><b>P O BOX 6268</b><br><b>VERO BEACH FL 32961</b><br><b>US</b>                                                                                                                                                          |                                                                 |
| 2. Principal Place of Business<br>21 <b>1059 6th Avenue</b><br>Suite, Apt. #, etc.<br>22 <b>C2</b><br>City & State<br>23 <b>VERO BEACH, FL</b><br>Zip<br>24 <b>32960</b> Country<br>25 <b>USA</b>                                                                                                                                                                                                                                                               |                                                                              | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30                                                                                                                                 |                                                                 |
| 9. Name and Address of Current Registered Agent<br><b>ISOM, LYNN</b><br><b>1820 TARPON LANE #E-102</b><br><b>VERO BEACH FL 32960</b>                                                                                                                                                                                                                                                                                                                            |                                                                              | 10. Name and Address of New Registered Agent<br>81 Name <b>LYNN ISOM</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1059 6th Avenue - C2</b><br>83 <b>VERO BEACH, FL</b><br>84 City <b>FL</b> 85 Zip Code <b>32960</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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                        |                                                                              |                                                                                                                                                                                                                                            |                                                                 |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                      |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>ISOM, LYNN<br><del>1820 TARPON LN E102</del><br><del>VERO BCH FL</del> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                             | PD<br>LYNN ISOM<br>1059 6th Avenue - C2<br>VERO BEACH, FL 32960 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  | SD<br>BRUNNER, GEOFF<br>1508 LOCUST ST #202<br>ELKHART IN                    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                             |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                             |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                             |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                             |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                                                                             |                                                                 |



DO NOT WRITE IN THIS SPACE

|                                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/13/1996</b>                                                                               |                                                        |
| 4. FEI Number<br><b>65-0692867</b>                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                            | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                      | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

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: LYNN ISOM REQUIRED LYNN ISOM 4/27/99 561-564-9893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)