


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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90060 007 \*\*\*150.00



| PROFIT CORPORATION ANNUAL REPORT 1999   |                                   |  FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|---|-----------------------------------|---|---|
| <b>DOCUMENT # P96000067881</b>  |                                   |   |   |
| 1. Corporation Name<br><b>GALT OCEAN DRIVE HOTEL CORP.</b>  |                                   |   |   |
| Principal Place of Business<br>666 RUE SHERBROOKE ST WEST<br>PENTHOUSE 2300<br>MONTREAL QUEBEC CANADA   |                                   | Mailing Address<br>666 RUE SHERBROOKE ST WEST<br>PENTHOUSE 2300<br>MONTREAL QUEBEC CANADA   |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |                                   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country  |   |
| 24  |                                   | 30  |   |
| 9. Name and Address of Current Registered Agent<br><b>PERLOFF, JOHN W<br/>1177 SE THIRD AVENUE<br/>FORT LAUDERDALE FL 33316</b>   |                                   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><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<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   | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SOFER, JACK                       | 1.2 NAME  |   |
| STREET ADDRESS  | 666 RUE SHERBROOKE ST WEST        | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | MONTREAL QUEBEC CANADA            | 1.4 CITY-ST-ZIP   |   |
| TITLE   | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | YUVAL, MIKE                       | 2.2 NAME  |   |
| STREET ADDRESS  | 666 RUE SHERBROOKE ST WEST        | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | MONTREAL QUEBEC CANADA            | 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 1999

Date

(514) 845-6393

Daytime Phone #

CR2E034 (1/1/98)