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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORA®IONS

FILED

May 21 1997 8:00am

Secretary of State

DOCUMENT # P96000077116 (7)

THE JOHN GALT SURVEY COMPANY

Principal Place 2500 N. MILTA SUITE 102 BOCA RATON	ARY TRAIL	SUITE 102	2500 N. MILITARY TRAIL						
			-			3. Date incorporated or Qualified 09/16/1996	3a. Da	ate of Last f	Report
2. Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number		MA	pplied For
21		26							lot Applicable
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State	-			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28	Cor	untry	,	Trust Fund Contribution	<u>[]</u>		
24	25	29	30	ariti y		8. This corporation has liability for Florida Statutes	intangible Yes [_	s. 199.032,
	9. Name and Address of Curr		1301	1		10. Name and Address of New Re			
RH	DD, JAMES D			81	Name				
2500 N. MILITARY TRAIL					82 Street Address (P.O. Box Number is Not Acceptable)				
•	CA RATON FL 33431			62	Street Add	ladress (P.O. Box Number is Not Acceptable)			
550				В3					
				84	City			Top 1 3:-	Codo
. (1)	A No. of			04	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and lifte if applicable (NC	TE Registere	d Age	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 Ti	TLE		ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	Addition
NAME	RUDD, JAMES D			1.2 NAME				Ottoringe	
STREET ADDRESS	2500 N. MILITARY TR. #102)			ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431	•			ST-ZIP				
TITLE		DELETE	21 TI		<u>,, r </u>			Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	CITY-S	S1-ZIP				
TITLE		DELETE	3.1 Ti	ITLE				Change	Addition
NAME			3 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE			ST-ZIP			Change	Addition
TITLE NAME		☐ PEFEIE	4.1 1					- Usinge	Addition
ì			4.21		ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ST - ZIP				
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NAME			5.2 N				#/	/رَــــــــــــــــــــــــــــــــــــ	10
STREET ADDRESS					ADDRESS		1h	1)/2	1]/]<
CITY-ST-ZIP					it - ZIP		11/	7	/ /
TITLE		☐ DELETE	6.1 TI				U	☐ Change	Addition
NAME	1_		6.2 N	AME	f	700002 <i>2</i> 0 -06/04/97010		ನ್. 14	
STREET ADDRESS	λ	A	6.3 \$	TREET	ADDRESS	~U6/U4/9/~~U1U:	55Ua	14	
CITY-ST-ZIP			6.4 C	ity-s	51 - ZIP	***165.00			
14. I do hereb	by certify that the information supply in indicated on this annual ration is	lied with this filing does not qua	Ny for the	exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
em an of	fficer or director of the carporation	the receiver or trustee empor	wered to e	эхөс	ute this repo	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega int as required by Chapter 607, Florida S	tatutes; a	nd that my	name
ahhaa a	I SISSIN IE OI SISSIN PO II GIIAIN POLI	[Απίνα παιαπαθεία μα απαθεία μα πραταπαταπαταπαταπαταπαταπαταπαταπαταπατ	പവലൂടെ.						