

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

PROFIT CORPORATION ANNUAL REPORT 1998 *99*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

FEB -1 AM 10:05

STATE OF FLORIDA



DOCUMENT # P97000035737 (0)

1. Corporation Name
ALEJANDRO DEL GALLEG0, P.A.

Principal Place of Business Mailing Address
1465 SOUTH KIRKMAN ROAD #2065 ORLANDO FL 32811
4630 S. KIRKMAN RD AP 404 32811 ORLANDO FL 32811

REINSTATEMENT

98-99 280 2/1/99

2. Principal Place of Business 2a. Mailing Address
21 *4630 S KIRKMAN RD* 26
Suite, Apt #, etc Suite, Apt #, etc
22 *404* 27
City & State City & State
23 *ORLANDO FL* 28
Zip Country Zip Country
24 *32811* 25 *FL* 29 30

3. Date Incorporated or Qualified *04/21/1997*
4. FEI Number *59-3XX38PG* Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
DEL GALLEG0, ALEJANDRO
1465 SOUTH KIRKMAN ROAD #2065
ORLANDO FL 32811

81 Name
82 Street Address (P.O. Box) *600092766256-2*
83 *-02/05/99-01093-010*
*****900.00 ****900.00*
84 City *FL* 85 Zip Code

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 *ALEJANDRO DEL GALLEG0 AGENT 7/13/98* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEL GALLEG0, ALEJANDRO	
STREET ADDRESS	1465 SOUTH KIRKMAN ROAD #2065	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BIDDEMAN, DIANNE	
STREET ADDRESS	1465 SOUTH KIRKMAN ROAD #2065	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>ND</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>MARIA A DEL GALLEG0</i>	
1.3 STREET ADDRESS	<i>4630 S KIRKMAN RD 404</i>	
1.4 CITY-ST-ZIP	<i>32811 ORLANDO FL</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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, 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE: *7/13/98* *407-290-2090*

CR2E034 (10/97)