

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra Br Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039608 (9)

1. Corporation Name

GALILEO INCORPORATED



Principal Place of Business

5820 MEDINDA WAY
ORLANDO FL 32819-4411

Mailing Address

5820 MEDINDA WAY
ORLANDO FL 32819-4411

7156 SOMERSWORTH DRIVE
ORLANDO FL - 32835-6165

7156 SOMERSWORTH DR
ORLANDO FL - 32835-6165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3511991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

PILLAY, KRISH
5820 MEDINDA WAY
ORLANDO FL 32819-4411

10. Name and Address of New Registered Agent

81 Name

KRISHNA PILLAY

82 Street Address (P.O. Box Number is Not Acceptable)

7156 SOMERSWORTH DRIVE

83

84

City ORLANDO

FL

85

Zip Code 32835-6165

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

May 22, 1998

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME PILLAY, KRISH
STREET ADDRESS 5820 MEDINDA WAY
CITY-ST-ZIP ORLANDO FL 32819-4411

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME PILLAY KRISHNA
1.3 STREET ADDRESS 7156 SOMERSWORTH DRIVE
1.4 CITY-ST-ZIP ORLANDO FL - 32835-6165

☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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; that 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.

CR2E034 (10/97)