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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9700067853 (6)

GALLOWAYS INVESTMENTS, INC.

Principal Place of Business Mailing Address 8746 SW 12TH ST. 8746 SW 12TH ST. **MIAMI FL 33174** MIAMI FL 33174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For L5-07 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33146** 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition 1.1 TB1 F GAM, DAVID B NAME 1.2 NAME 8746 SW 12TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DS 2.1 TITLE Change Addition MIDDLETON, JOSEPH L NAME 2.2 NAME 8746 SW 12TH ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Chance Addition TIT: F SITTLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE X CON RUS

CITY-ST-ZIP

CR2E034 (10/97)

FILED

Jan 28 1998 8:00am

Secretary of State