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

FILED

May 14 1998 8:00am

Secretary of State

DOCUMENT #

STREET ADDRESS

a did ali

City-St-ZIP

P97000083764 (5)

GALAXY MARKETING, INC.

Principal Place of Business Mailing Address 5760 LAKESIDE DR N. #208 5760 LAKESIDE DR N. #208 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0784696 Not Applicable 26 21 Suite, Apt #, etc \$8.75 Additional Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ali, **S**abuhi S 5760 LAKESIDE DR N, #208 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 85 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. SABUHIS. ALI 4-25-98 **SIGNATURE** arrent and title if armicable (NC)11 : Begistered Apent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE D 1.2 NAME ALI, SABUHI S NAME 1.3 STREET ADDRESS STREET ADDRESS 5760 LAKESIDE DR N. #208 1.4 CiTY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 Addition DELETE ☐ Change 2.1 TITLE TITLE NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change ☐ Addition 31 TITLE TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 suppliemental 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4. 25-63