

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000019073

|   | n Name   |   |  |  |   |  |                         |                          |                            |              |
|---|--|---|--|--|---|--|-------------------------|--------------------------|----------------------------|--------------|
| GALAXY MANAGEMENT OF JACKSONVILLE, INC.   |  |   |  |  |   |  |                         |                          |                            |              |
| !<br>!  |  |   |  |  |   |  |                         |                          |                            |              |
| Principal Place   | n of Bueinage  | Malling Address   | <del>.</del>   |  |   |  | TINE HE                 | J IRIK CJANA             | BORD (NA COU               |              |
|   |  | 3752 BLANDING BOULEVA                                       | DED.   |  |   | 1  |                         |                          |                            |              |
| 3752 BLANDING BOULEVARD 3752 BLANDING BOULEVARD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210   |  |   |  |  |   |  |                         |                          |                            |              |
| drionto on the  |  |   |  |  |   | DO NOT WRITE IN  | THIS SI                 | ACE                      |                            | ٦.           |
|   |  |   |  |  |   | 3. Date Incorporated or Qualifed   |                         |                          |                            |              |
|   |  |   | _:   |  |   | 02/27/1998   | <del></del>             |                          | -Cad Fac                   | -            |
| _   | face of Business                                     | 2a. Mailing Address   |  |  |   | 4. FEI Number 249 < 504  | /                       |                          | plied For<br>at Applicable | -            |
| 21  |  | 26 Suite, Apt. #, etc.—                                     |  |  |   | 5/5/1001   |                         | \$8.75                   |                            | ┨            |
| _   | #; etc:  | 27  |  |  | • —   | 5. Certifcate of Status Desired  | •                       | Fee Re                   |                            |              |
| City & State  | 8  | City & State  |  |  |   | 6. Election Campaign Financing   |                         | \$5.00                   | May Re                     | 1            |
| 23  | •  | 28  |  |  |   | Trust Fund Contribution  |                         | Added 1                  |                            | }            |
| Zip   | Country  | Zip   | Co   | untry  | ~   | 8. This corporation owes the current ye  | ar Intar                | gible                    |                            | ]_           |
| 24  | 25   | 29  | 30   |  |   | Personal Property Tax.   | Æ                       | Yes                      | □No                        | ]            |
|   | 9. Name and Address of Current                       | Registered Agent  |  |  |   | 10. Name and Address of New Regist   | ered Ag                 | ent                      |                            | 4            |
|   |  |   | _  | 81   | Name  | •  |                         |                          |                            |              |
|   | RILAWYER   | •   | •  | 82   | Street Addres                                   | ss (P.O. Box Number is Not Acceptable)   |                         |                          |                            | 1            |
| 343 ALMERIA AVENUE  |  |   |  |  |   |  |                         |                          |                            | 4            |
| COR   | AL GABLES FL 33134                                   |   |  | 83   |   |  |                         |                          |                            |              |
|   |  |   |  | 84   | City  | •  | _,                      | 85 Zip (                 | Code                       | 7            |
|   |  |   |  |  |   |  | <u>FL</u>               |                          |                            | 4            |
| 11, Pursuant  | to the provisions of Sections 607.0502               | and 607.1508, Florida Statu<br>f Florida, Such change was : | ites, the a<br>authorize   | above<br>d by t  | -named corpor<br>he comoration                  | ration submits this statement for the purpor's board of directors. I hereby accept the | ise or cri<br>appoint/i | anging its<br>nent as re | regisiereo<br>gistered     |              |
| agent. I a  | m familiar with, and accept the obligati             | ons of, Section 607.0505, Fl                                | orida Sta  | lutes.   |   | •  |                         |                          |                            |              |
| SIGNATURE   | Signature, typed or printed name of registered agent | and title of produce the (AIOT                              | É Registere  | ri Acent   | signature required t                            |  |                         |                          |                            |              |
| 12.   | OFFICERS AND   | Was read an arbitrary Aug 1                                 |  |  |   | ehen (Massating) VA  | TE                      |                          |                            | ء ا          |
|   |  | DIRECTORS   | 13.  |  |   | ADDITIONS/CHANGES TO OFFICER   |                         | DIRECTO                  | RS IN 12                   | íg           |
| I TITLE '   | I PSTD   | DIRECTORS DELETE  | 13.  |  |   |  | S AND                   | DIRECTO<br>Change        | RS IN 12                   | 31,08)       |
| TITLE   | PSTD<br>Shaw, Rob L                                  |   | 1.1 T  |  |   |  | S AND                   |                          |                            | 24 (11/08)   |
| NAME  | SHAW, ROB L  |   | 1.1 T<br>1.2 N   | TTLE<br>MAME   | ADDRESS   |  | S AND                   |                          |                            | En24 (44/08) |
| NAME<br>STREET ADDRESS  | SHAW, ROB L<br>3752 BLANDING BOULEVARD               |   | 1.1 T<br>1.2 N<br>1.3 S  | TTLE<br>MAME   |   |  | S AND                   |                          | Addition                   | D2E034       |
| NAME  | SHAW, ROB L  |   | 1.1 T<br>1.2 N<br>1.3 S  | TILE<br>LAME<br>STREET,<br>STY-ST-   |   |  | RS AND                  |                          |                            | BOEN34 (     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DÉLETE  | 1.1 T<br>12 N<br>1.3 S<br>14 C   | ITLE  IAME  STREET  STY-ST-  ITLE  |   |  | RS AND                  | Change                   | Addition                   | POEN34       |
| NAME STREET ADORESS CITY-ST-ZIP TITLE   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DÉLETE  | 1.1 T<br>1.2 N<br>1.3 S<br>14 C<br>2.1 T<br>2.2 N  | TILE  LAME  STREET  STY-ST-  TILE  LAME  |   |  | RS AND                  | Change                   | Addition                   | D2E034       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DÉLETE  | 1.1 T<br>1.2 N<br>1.3 S<br>14 C<br>2.1 T<br>2.2 N<br>2.3 S   | TILE  LAME  STREET  STY-ST-  TILE  LAME  | ADDRESS   |  | RS AND                  | Change                   | Addition                   | ACOECCA!     |
| NAME STREET ADORESS CITY-ST-ZIP TITLE NAME  | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DÉLETE  | 1.1 T<br>1.2 N<br>1.3 S<br>14 C<br>2.1 T<br>2.2 N<br>2.3 S   | ITLE  IAME  STREET  STREET  ITLE  IAME  STREET  CITY-ST  | ADDRESS   |  | RS AND                  | Change                   | Addition                   | CROENSA      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1 T<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 T<br>2.2 N<br>2.3 S<br>2.4 C   | ITLE  ITLE  ITLE  ITLE  ITLE  ITREET  ITLE  ITLE  ITLE  ITLE  ITLE  ITLE   | ADDRESS   |  | RS AND                  | Change                   | Addition                   | CROENSA      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1 T<br>12 N<br>1.3 S<br>14 C<br>2.1 T<br>2.2 N<br>2.3 S<br>2.4 (<br>3.1 T<br>3.2 N   | ITLE  IAME  STREET  STY-ST-  ITLE  IAME  CITY-ST  ITLE  IAME   | ADDRESS   |  | RS AND                  | Change                   | Addition                   | ACOECCA!     |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.44<br>3.1T<br>3.2N<br>3.3S  | ITLE  IAME  STREET  STY-ST-  ITLE  IAME  CITY-ST  ITLE  IAME   | ADDRESS ADDRESS                                 |  | RS AND                  | Change Change            | Addition  Addition         | CROENSA      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.44<br>3.1T<br>3.2N<br>3.3S  | ITLE  IAME  STREET,  STY-ST.  ITLE  CITY-ST.  ITLE  ITLE  IAME  STREET,  CITY-ST.  CITY-ST.  | ADDRESS ADDRESS                                 |  | RS AND                  | Change                   | Addition                   | CROENSA      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP                                | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1T<br>12N<br>13S<br>14G<br>2.1T<br>22N<br>23S<br>2.4G<br>3.1T<br>22N<br>33S<br>34.6  | ITLE  IAME  STREET,  STY-ST.  ITLE  CITY-ST.  ITLE  ITLE  IAME  STREET,  CITY-ST.  CITY-ST.  | ADDRESS ADDRESS                                 |  | RS AND                  | Change Change            | Addition  Addition         | Acharda      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1T<br>12N<br>1.3S<br>14G<br>2.1T<br>22N<br>2.3S<br>2.4G<br>3.1T<br>22N<br>3.3S<br>3.4.G  | TITLE STREET, STY-ST. STY-ST. STY-ST. STREET,  | ADDRESS ADDRESS                                 |  | RS AND                  | Change Change            | Addition  Addition         | Acharda      |
| NAME STREET ADORESS CITY-ST-ZIP TITLE NAME                                  | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | DELETE DELETE   | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.44<br>3.1T<br>32N<br>3.3S<br>3.4.0<br>4.1T<br>4.2F<br>4.3S                          | TITLE  TAME  STREET,  | ADDRESS ADDRESS ADDRESS                         |  | RS AND                  | Change  Change  Change   | Addition Addition Addition | PEUBCAJ      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                   | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | ☐ DELETE  | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.4G<br>3.1T<br>3.2N<br>3.3S<br>3.4.G<br>4.1T<br>4.2P<br>4.3S<br>4.4C<br>5.1T         | TITLE  TAME  THE TITLE  | ADDRESS ADDRESS ADDRESS                         |  | RS AND                  | Change Change            | Addition  Addition         | PEUBCAJ      |
| NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP       | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | DELETE DELETE   | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.4G<br>3.1T<br>3.2N<br>3.3S<br>3.4.G<br>4.1T<br>4.2P<br>4.3S<br>4.4C<br>5.1T<br>5.2N | TITLE  TAME  TITLE  TIT | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS         |  | RS AND                  | Change  Change  Change   | Addition Addition Addition | PEUBCAJ      |
| NAME STREET ADORESS CITY-ST-ZIP TITLE | SHAW, ROB L<br>3752 BLANDING BOULEVARD               | DELETE DELETE   | 1.1T<br>12N<br>1.3S<br>14C<br>2.1T<br>22N<br>2.3S<br>2.44<br>3.1T<br>3.2N<br>3.4.C<br>4.1T<br>4.2P<br>4.3S<br>4.4C<br>5.1T<br>5.2N<br>5.3S | TITLE  TAME  TITLE  TIT | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS |  | RS AND                  | Change  Change  Change   | Addition Addition Addition | PEUBCAJ      |

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 or the receiver or trustee empowered to execute this report a required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

Change

Addition

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90134 036 \*\*\*150.00