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

~PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED May 06, 1999 8:00 am

	ANNUAL REPORT Secretary 1999 DIVISION OF CO			y of Stat	of State		Secretary of State 05-06-1999 90182 026 ***150.00
DOCU 1. Corporatio	MENT # P9800008	9486					
GALT KO	OSHER MARKET, INC.						
Principal Plac	te of Business	Mailin	g Address				
1 '	alt Ocean Drive	Saı	•				
1	auderdale, FL 3330		ine.				
Tore Be	idderddie, 11 3330	O .					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
							10/20/98
2. Principal P	Place of Business	2a. Ma	niling Address				4. FEI Number Applied For
3515	—						65-0871905 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22		27					Fee Required
City & State City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Fort					ntry		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
·							Personal Property Tax. X Yes No
	9. Name and Address of Curr	ent Registere					10. Name and Address of New Registered Agent
					81	Name	
						dress (P.O. Box Number is Not Acceptable)	
ł .	3515 Galt Ocean Drive						
Fort	Lauderdale, FL 33	308			83		
84 City						FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statute	s, the at	bove	-named cor	poration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. S ations of, Sec	Such change was au ation 607.0505, Flor	ıthorized ida Statı	l by utes	the corporat	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	, ,						
	Signature, typed or printed name of registered ag				Agen	t signature requir	red when reinstating) DATE
12.	P OFFICERS A	ND DIRECTO	DELETE	13.	n F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
_	Igor Ephraim Pink	250V	Choccere	1.2 NA			- Change - Pression
STREET ADDRESS	l					ADDRESS	}
CITY-ST-ZIP	Fort Lauderdale,		0.8	1.4 CF		1	
TITLE	-		DELETE	2.1 TIT	LΕ		☐ Change ☐ Addition
NAME				2.2 NA	ME		
STREET ADDRESS				2.3 ST	REET	ADDRESS	
CITY-ST-ZIP				2 4 Cl		T-ZIP	Character C Addition
TITLE			☐ DELETE	3.1 TIT			☐ Change ☐ Addition
NAME				3.2 NA		ADDDEES	
STREET ADDRESS CITY-ST-ZIP				3.4. CI		ADDRESS	
TITLE			☐ DELETE	4.1 TIT	_	1-21	☐ Change ☐ Addition
NAME				4. 2 N			
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CITY-ST-ZIP				4.4 CIT		r-ziP	
TITLE			☐ DELETE	5.1 TIT			☐ Change ☐ Addition i
NAME				5.2 NA		ADDRESS	
STREET ADDRESS				5.4 CIT			
CITY-ST-ZIP TITLE		·	☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			_ ::-	6.2 NA	мE	1	
STREET ADDRESS				6.3 ST	REET	ADDRESS	
CITY-ST-ZIP				64 CIT	Y-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)(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 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, with all other like empowered.

954-563-2026

CR2E034 (11/98)