

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V11709 (5)

1. Corporation Name

7801 GALLOWAY, INC.



Principal Place of Business

SUITE 210  
6401 SW 87TH AVENUE  
MIAMI FL 33173

Mailing Address

SUITE 210  
6401 SW 87TH AVENUE  
MIAMI FL 33173

3. Date Incorporated or Qualified

02/05/1992

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0313685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDOLPH A. MCKEAN  
6401 SW 87TH AVE SUITE 210  
MIAMI FL 33173

81 Name

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

83

84 City

FL

85 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

1 DVP  
NAME DEDDY, LAWRENCE T.  
STREET ADDRESS 11010 N.KENDALL DR.  
CITY-ST-ZIP MIAMI FL

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

1 DVP  
NAME MCKEAN, RANDOLPH A.  
STREET ADDRESS #210, 6401 SW 87TH AVE  
CITY-ST-ZIP MIAMI FL

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

1 DVP  
NAME LEONARD L. LEVENSTEIN  
STREET ADDRESS 6401 SW 87 AVE #212  
CITY-ST-ZIP MIAMI FL

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

1 DVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

1 DVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

1 DVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

305.270.0880

CR2E034 (12/95)