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

DOCUMENT # V37589   **(1)**

1. Corporation Name
GALT OCEAN BARBER SHOP, INC.

Principal Place of Business	Mailing Address
3419 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	3419 GALT OCEAN DRIVE FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0337798**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ☒ Yes   ☐ No

9. Name and Address of Current Registered Agent

GILLMAN, LAWRENCE S
3352 N.E. 34TH ST.
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name	*GILLMAN, LAWRENCE S.*
82 Street Address (P.O. Box Number is Not Acceptable)	*2691 E. OAKLAND PARK BLVD*
83	*#302*
84 City	*FT. LAUDERDALE* FL 85 Zip Code *33306*

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 application   (NOTE: Registered Agent signature required when reinstating)   DATE *1/16/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE *DI* **DO**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **ROMA, LOU BY**		1.2 NAME	
STREET ADDRESS **3419 GALT OCEAN DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **FT LAUDERDALE FL**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE X *Lou D. Roma*   X *1/26/98*   *954-568-1518*