

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 # L68675 (2)

1. Corporation Name
GALLEON HOLDINGS, INC.



Principal Place of Business Mailing Address
**1515 RINGLING BLVD
STE 1000
SARASOTA FL 34236
US** **1515 RINGLINE BLVD
STE 1000
SARASOTA FL 34236
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/26/1990 **03/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0190901	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Country	30	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, ANDREW
1515 RINGLING BLVD
STE 1000
SARASOTA FL 34236**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 the applicable) DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETSCHERT, TRUDO	1 2 NAME	
STREET ADDRESS	1510 S TUTTLE AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1 4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTENBROEK, HENK	2 2 NAME	
STREET ADDRESS	1510 S TUTTLE AVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **President** 2/5/96 941-366-9573
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)