

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000070785 (8)**

1. Corporation Name
GALLERY OF REAL ESTATE, INC.



Principal Place of Business: **109 OVERLEA WAY SUITE 1 VENICE FL 34292 US**
Mailing Address: **46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236**

3. Date Incorporated or Qualified: **09/23/1994**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0529614**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: D	<input type="checkbox"/> DELETE
12.2 NAME: MCGIFFEN, JOHN	
12.3 STREET ADDRESS: 109 OVERLEA WAY	
12.4 CITY - ST - ZIP: VENICE FL	
12.5 TITLE: P	<input type="checkbox"/> DELETE
12.6 NAME: EDSEL, EDWARD	
12.7 STREET ADDRESS: 109 OVERLEA WAY	
12.8 CITY - ST - ZIP: VENICE FL	
12.9 TITLE: VPS	<input checked="" type="checkbox"/> DELETE
12.10 NAME: LUPER, ALBERT	
12.11 STREET ADDRESS: 109 OVERLEA WAY	
12.12 CITY - ST - ZIP: VENICE FL	
12.13 TITLE: VPT	<input type="checkbox"/> DELETE
12.14 NAME: CHAMBERLAIN, FRED	
12.15 STREET ADDRESS: 109 OVERLEA WAY	
12.16 CITY - ST - ZIP: VENICE FL	
12.17 TITLE: _____	<input type="checkbox"/> DELETE
12.18 NAME: _____	
12.19 STREET ADDRESS: _____	
12.20 CITY - ST - ZIP: _____	
12.21 TITLE: _____	<input type="checkbox"/> DELETE
12.22 NAME: _____	
12.23 STREET ADDRESS: _____	
12.24 CITY - ST - ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY - ST - ZIP: _____	
13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY - ST - ZIP: _____	
13.9 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: VP, S, T	
13.11 STREET ADDRESS: _____	
13.12 CITY - ST - ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY - ST - ZIP: _____	
13.17 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME: _____	
13.19 STREET ADDRESS: _____	
13.20 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: *John W. McGiffen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN W. MCGIFFEN, Director

(941) 487-4786

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)