

**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 # **P95000066106 (2)**

1. Corporation Name

**P.J. GALLAGHER & ASSOCIATES, INC.**



Principal Place of Business

15205 GLENMOOR DRIVE  
WEST PALM BEACH FL 33409

Mailing Address

15205 GLENMOOR DRIVE  
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 3400 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

22 703

City & State

23 Singer Island, Florida

Zip

24 33404

Country

25 USA

2a. Mailing Address

26 3400 NORTH OCEAN DRIVE

Suite, Apt. #, etc.

27 703

City & State

28 Singer Island, Florida

Zip

29 33404

Country

30 USA

4. FEI Number

65-0608893

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

GALLAGHER, P.J.  
15205 GLENMOOR DRIVE  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

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

3400 NORTH OCEAN DRIVE APT#703

83

84 City

Singer Island

FL

85 Zip Code

33404-3257

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

*P. J. Gallagher*

Signature and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, P.J.	
STREET ADDRESS	15205 GLENMOOR DRIVE -	
CITY - ST - ZIP	WEST PALM BEACH FL 33409 -	
TITLE	MARITHA M. CAMARGO	<input type="checkbox"/> DELETE
NAME	3400 NORTH OCEAN DRIVE # 703	
STREET ADDRESS	Singer Island, Florida 33404-3257	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3400 NORTH OCEAN DRIVE # 703
1.4 CITY - ST - ZIP	Singer Island, Florida 33404-3257
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARITHA M. CAMARGO
2.3 STREET ADDRESS	3400 NORTH OCEAN DRIVE # 703
2.4 CITY - ST - ZIP	Singer Island, Florida 33404-3257
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

*P. J. Gallagher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Mo/Phone #

1/25/96 407-848-5534

CR2E034 (12/95)