## 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 #	P95000074887	(7)
4. Comparation Name		

GALLAGHER ENTERPRISES, INC.



Principa' Place of Business Mailing Address		I (Billiff) HE iBiBl Bitt BBitt BBitt Satt ann i ent ann inne inne					
820 ALLAMANDA COURT 820 Al		820 ALLAMANDA COU	AT				
PLANTATION		PLANTATION FL 33317					
				3. Date Incorporated or Qualified 09/26/1995	3a. Date	of Last	Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65 - 0614214			Applied For
	lamanda CT	26 BZO Allam	ANDA CT	65-0614214			Not Applicable
Suite, Apt #		Suite, Apt. #, etc.		5. Certificate of Status Desired	×		5 Additional Required
2		27 PLANTATION	<u>ر</u>				
City & State	tation FL	City & State  28 Florida		Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip Zip	Country	Zip	Country	8. This corporation has liability for	intangible ta:	x under	s 199.032,
4 3331	_ — — — — . /	29 33317	30 BROWARD		No No		
.,	9. Name and Address of Currer			10. Name and Address of New I	Registered A	Agent	
			81 Name				
GALLAG	HER, JAMES P		82 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)		
820 ALL	AMANDA COURT						
PLANTA	TION FL 33317		83				
			84 City		F-1	85	Zip Code
				ration submits this statement for the pured of discretars. I bereby accept the apr	<u> FL</u>	ᆚᆚ	
SIGNATURE _	Signature, typed or printed rain clof registers Lagra OFFICERS AN	D DIRECTORS	114 Registered Agent signature required	etwiedwiderigi ADDITIONS/CHANGES TO OF		DIREC	
TITLE	D	☐ DELETE	1 1 TITLE		L	Unang	le 🗀 Muuttoit
NAME	GALLAGHER, JAMES P		1.2 NAME				
STREET ADDRESS	820 ALLAMANDA COUT		1.3 STREET ADDRESS				
CITY - ST - ZIP	PLANTATION FL 33317	☐ DELETE	2 1 TITLE			7 Chang	e [ Addition
TITLE			2 2 NAME		•		
NAME			2.3 STHEET ADDRESS				
STREET ADDRESS			2.4 C-TY-ST-ZIP				
CITY - ST - ZIP TITLE		☐ DELETE	3 1 TITLE			Chang	ge 🔲 Addition
NAME		<u>_</u>	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 City - \$1 - 24F				
TITLE		DELETE	4 1 TITLE		[	Chan	ge 🔲 Addition
NAME	1		4.2 NAME				
STREET ADDRESS			4.3 STHEET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP			— C	an D Addition
THTLE		☐ DELÉTE	5 1 TILLE			Chan	ge
NAME			5.2 NAME				
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CITY-ST-ZIP		ED DELET	5.4 CITV - S1 - 71P			Char	ige Addition
TITLE		DELETE	6 1111.6			() Union	.go [_] .looites.
NAME			6 2 NAME				
STREET ADDRESS			6 3 STHEET ADDRESS				
CITY - ST - ZIP	1		6.4 CiTY-ST-ZIP				14.1

14. If do hereby certify that the information supplied with this filting 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 trusted 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 authorist 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 trusted 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 authorist 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further certified that my name 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and accurate and accurate and accurate and accurate and accurate