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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097809 (4)

GALLIN ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address										
2454 MCMUNLEN BOOTH ROAD 2454 MCMUNLEN BOOTH ROAD CLEARWATER FL 34619-1353												
t	•				ļ		Incorporated	l or Qualifie	d 3a.	Date of Last F	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI	Jumber		01	A	pplied For	
21 470 2ND ST N 26 PO BOX 1						5 '	<u>9-33</u>	5200	36		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				·		 	ficate of Statu			Fee R	Additional lequired	
23 SAPERY HARBOR FL 28 SAPETY HARBO					L	Trust	ion Campaign Fund Contrib	oution		Added	May Be I to Fees	
Zip 346 9	· 	Zip 29 34695	30	USF	7	Florie	da Statutes	·	Yes	ble tax ender s	s. 199.032,	
	g, Name and Address of Current			04 1			e and Addre					
INC DAY FIRM OF LAWRENCE 3 SPIEGEL CHRID					181 Name LAWRANCE GALLIN							
343 ALMERIA AVENUE CORAL GABLES FL 33134					82 Street Address (P.O. Box Number is Not Acceptable) 4337 CAVENORA DRIVE							
CUR	83	22	/ 4/	ΓV β -Ν ι	1146	DICI	Væ					
											,	
				84 City	DALL	n HA	RHOR		F	85 Zio	Code 85	
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the al	oove-name	d corpor	ration sub	mits this state	ment for th	e purpose	of changing	its registered	
office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the objigati	-Florida. Such change was a ons of, Section 607.0505. Fk	authorize orida Stat	d by the co utes.	orporation	n's board	of directors. I	I hereby ac	cept the a	opointment as	s registered	
SIGNATURE	J7 Stelli	MUSIDENT							4	115/97	7	
	Signature, type or printed name of registered agent	and file Papplicable. (NOT)		Agent signati	ure required				DATE			
12.	OFFICERS AND		13.			ADDIT	IONS/CHANG	GES TO OF	FICERS A	ND DIRECTOR	RS IN 12' Addition	
₹IITL€	CALLIN LAWDENCE E	☐ DELETE	1.1 Ti							Change	Monton	
NAME CYCLET LOODERS	GALLIN, LAWRENCE F 2454-MCMULLEN BOOTH ROAD		1.2 N/	ime Ree1 address	42	337	LAUER	YDER	DU	IVE		
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 34821			KEET ADDRESS FY-S1-ZIP	100	1 200	HAR	BOR	FL	34685	<u> </u>	
TITLE	VSD	DELETE	2.1 TI			VY	1 10 10-			Change	Addition	
NAME	GALLIN, DIANE S	_	2.2 N/	ME	1				~ 4.	,_		
STREET ADDRESS	2454 MCMULLEN BOOTH ROAD	ļ	2351	REET ADDRESS	14	337	LAUEN	OLIL	. UKI	VE. 3468	1	
CITY-ST-ZIP	CLEARWATER FL 34821		2.40	TY-ST-ZIP	P	4LM	HAR	BOR	FL	3468	5	
TITLE		DELET E	3.1 Tf	LE						Change	Addition	
NAME			3.2 NA	ME	-						Ţ	
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CITY-ST-ZIP		Dottere		TY-51-ZIP	<u> </u>					T 0	4 4 4 9 5	
TITLE		☐ DELFTE	4.1 70							L_J Change	☐ Addition	
NAME	•		4.2N									
STREET ADDRESS				REET ADDRESS	`							
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NAME		<u></u> · · · · · -	5 2 N/									
STREET ADDRESS			1	reet address	;							
CITY-ST-ZIP				Y-ST-ZIP				-				
TITLE		DELETE	6.1 Tr							Change	Addition	
NAME			6.2 NA	ME								
STREET ADDRESS			6.3 \$1	REET ADDRESS	\$							
CITY-ST-ZIP				IY-ST-ZIP					·			
informatio I am an of	by certify that the information supplied in indicated on this annual report or supficer or director of the corporation or If in Block 12 or Block 13 it changed, or o	oplemental annual report is tr de receiver or trustee ompow in an attachment with an add	rue and a rered to e thess	iccurâte ar	nd that m s report a	ny signatu	re shall have d by Chapter	the same le	egal effect a Statules	t as if made un ; and that my	nder oath; that	