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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000097809 (4)

1. Corporation Name
GALLIN ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**470 2ND ST. N.
 C
 SAFETY HARBOR FL 34695
 US**

Mailing Address
**P.O. BOX 1065
 SAFETY HARBOR FL 34695
 US**

3. Date Incorporated or Qualified
01/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3352086

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLIN, LAWRENCE
 4337 LAVENDER DRIVE
 PALM HARBOR FL 34685**

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 *L. F. Gallin* *President* *1/9/98*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PTD GALLIN, LAWRENCE F**
 STREET ADDRESS **4337 LAVENDER DRIVE**
 CITY - ST - ZIP **PALM HARBOR FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

TITLE DELETE
 NAME **VSD GALLIN, DIANE S**
 STREET ADDRESS **4337 LAVENDER DRIVE**
 CITY - ST - ZIP **PALM HARBOR FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *L. F. Gallin* *President* *1/9/98* *784* *8303*

CR2E034 (10/97)