07-06-1999 90004 006 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000097809
DOCOME!!!	
A A Residence	

1. Corporation Name

GALLIN ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address			
470 2ND ST. N.		P.O. BOX 1065			
CALETY HADDO	DD EL 24006	SAFETY HARBOR FL 34695 US		DO NOT WRITE IN THIS SPACE	
SAFETY HARBO	JH FL 34099	us		3. Date Incorporated or Qualifed	
50				01/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3352086	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			75 Additional
22		27		5. Certificate of Status Desired	e Required
City & State	8	City & State		1 7 7 7 7 7 7 7	.00 May Be
23		28		Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible	
24	25		30	Personal Property Tax.	□No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
GALI	LIN, LAWRENCE		. 1		
	LAVENDER DRIVE		82 Street	Address (P.O. Box Number is Not Acceptable)	
	M HARBOR FL 34685		83		
17.0	ATTIVATED IN TECTOR		03		
			84 City	FL ⁸⁵	Zip Code
11 Dureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the above-named	composition submits this statement for the purpose of changing	g its registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept the appointment	is registered
agent. i a	m familiar with, and accept the gov	gations dy/section 607.0505, Fiori	nuar Statutes.	0. F 10/30/9	G
SIGNATURE	Signature, typed or printed name of registered a	spent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	PTD	☐ DELETE	44 TELE	Cha	nge
NAME	CALLIN LAWDENCE E	- Deter	1.1 TITLE	(Z)	inge 🗀 Addition
STREET ADDRESS	GALLIN, LAWRENCE F	C) DECE15	1.1 ITILE 1.2 NAME	, ·	
	4337 LAVENDER DRIVE	DELETE		7777 MEADOWVIEW COURT	_
CITY-ST-ZIP		Occess	1.2 NAME	7777 MEADOWVIEW COURT	_
CITY-ST-ZIP TITLE	4337 LAVENDER DRIVE	DELETE	1.2 NAME 1.3 STREET ADDRESS	7777 MEADOWVIEW COURT	_
	4337 LAVENDER DRIVE PALM HARBOR FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2777 MEADOWVIEW COURT TARDON SPRINGS FL 3468	_
TITLE	4337 LAVENDER DRIVE PALM HARBOR FL VSD		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	2777 MEADOWVIEW COUNT	nge Addition
TITLE NAME	4337 LAVENDER DRIVE PALM HARBOR FL VSD GALLIN, DIANE S		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	2777 MEADOWVIEW COUNT	nge Addition
TITLE NAME STREET ADDRESS	4337 LAVENDER DRIVE PALM HARBOR FL VSD GALLIN, DIANE S 4337 LAVENDER DRIVE		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	2777 MEADOWVIEW COURT TARDON SPRINGS FL 3468	nge Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP