

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 379281

(9)

1. Corporation Name:
GALLAGHER INDUSTRIES, INC.



Principal Place of Business:

6073 N.W. 167TH ST.
C-27
MIAMI FL 33015
US

Mailing Address:

6073 N.W. 167TH ST.
C-27
MIAMI FL 33015-4314
US

3. Date Incorporated or Qualified
03/24/1971

3a. Date of Last Report
04/28/1996

2. Principal Place of Business:

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address:

26 Suite Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1325514

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, JOHN P.
2265 MAGANS OCEAN WALK
ATLANTIS
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name JOHN B. GALLAGHER
82 Street Address (P.O. Box Number is Not Acceptable)
6073 NW 167th ST
83 UNIT C-27
84 City MIAMI FL 85 Zip Code 33015

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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, JULIA ANNE	
STREET ADDRESS	2265 MAGANS OCEAN WALK ATLANTIS	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JOHN B	
STREET ADDRESS	2701 SEA ISLAND DR.	
CITY - ST - ZIP	FT LAUDERDALE FL 33301	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JOHN P	
STREET ADDRESS	2265 MAGANS OCEAN WALK ATLANTIS	
CITY - ST - ZIP	VERO BEACH FL 32963	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CT
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 305-825-5565
DATE DAYTIME PHONE #

CR2E034 (9/96)