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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 379281

(9)

GALLAGHER INDUSTRIES, INC.

Jan 28	1998	8:00am
Secre	tary (of State

FILED

					0 0 6 6 0101 3 0 1881
Principal Place of Business	Mailing Address				4(8)) 6(8)) BIGH STETT (88)
6073 N.W. 167TH ST.	6073 N.W. 167TH ST.				
G-27	C-27				
MIAMI FL 33015	MIAMI FL 33015			DO NOT WRITE IN THIS	SPACE
US	US			3. Date Incorporated or Qualified	
				03/24/1971	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-1325514	Not Applicable
				03*1323314	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27				Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Coun	try	8. This corporation owes or has paid the cui	rent vear Intangible
24 25	29	30			☐ Yes ☐ No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
GALLAGHER, JOHN B		- 18	31 Name		
6073 NW 167TH ST		L			
		įŧ	32 Street	Address (P.O. Box Number is Not Acceptable)	
UNIT C-27		L			
MIAMI FL 33015		Į:	33		
		ļ.	34 City		Table 7: Order
],	34 City	FL	85 Zip Code
					<u> </u>

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, typed or printed name of registered agent and title if applica	ble (NOTE. R		required when reinstating) DATE					
12.	ÖFFICERS AND DIRECTORS	1 1	13	ADDITIONS/CHANGES TO OFFICERS AND DIRE					
TITLE	PD	DELETE	1,1 TITLE	☐ CH	ange 🔲 Addition				
NAME	GALLAGHER, JOHN B		1.2 NAME						
STREET ADDRESS	2701 SEA ISLAND DR.		1.3 STREET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP						
TITLE	СТ	DELETE	2.1 TITLE	☐ Ch	ange 🗌 Addition				
NAME	Gallagher, John P		2.2 NAME						
STREET ADDRESS	2265 MAGANS OCEAN WALK ATLANTIS		2.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BEACH FL		2, 4 CITY - ST - ZIP						
TITLE	-	DELETE	3.1 TITLE	[∴ Ch	ange 🔲 Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE	☐ Ch	ange 🔲 Addition				
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TITLE	Ch	ange 🔲 Addition				
NAME			5.2 NAME						
STREET ADDRESS		1	5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CMY-ST-ZIP						
TITLE		DELETE	6.1 TITLE	□ Ch	ange 🔲 Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			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 frustely 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:

305-825-0065