FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -6 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 383439 (7)

1. Corporation Name
GALLAGHER - COLE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4500 BISCAYNE BLVD., SUITE 310 MIAMI FL 33137	4500 BISCAYNE BLVD., SUITE 310 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1971
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1466870 ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21 3050 BISCAYNE BLVD.		26 3050 BISCAYNE BLVD.	
Suite, Apt. #, etc. 22 SUITE 412		Suite, Apt. #, etc. 27 SUITE 412	
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL	
Zip 24 33137	Country 25 U.S.A.	Zip 29 33137	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

GALLAGHER, PHIL C.
4500 BISCAYNE BLVD., SUITE 310
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: GALLAGHER, PHIL C.
82 Street Address (P.O. Box Number is Not Acceptable): 3050 BISCAYNE BLVD.
83 SUITE 412
84 City: MIAMI FL 85 Zip Code: 33137

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] DATE: 6-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	TITLE	PSD	☑ Change ☐ Addition
NAME	GALLAGHER,PHIL C	NAME	GALLAGHER, PHIL C.	
STREET ADDRESS	4500 BISCAYNE BLVD. #310	STREET ADDRESS	3050 BISCAYNE BLVD., #412	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	SD	TITLE	VD	☑ Change ☐ Addition
NAME	FRANCIS,LENORE N	NAME	GALLAGHER, CARMEN	
STREET ADDRESS	4500 BISCAYNE BLVD. #310	STREET ADDRESS	3050 BISCAYNE BLVD. #412	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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

6-21-95 305-576-1400
DATE DAYTIME PHONE #

0144370 CP