

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 606908 (2)

1. Corporation Name
EL GALEON BY THE SEA, INC.



Principal Place of Business: 1770 GULF BLVD. ENGLEWOOD FL 34223-5730
Mailing Address: 1770 GULF BLVD. ENGLEWOOD FL 34223-5730

3. Date Incorporated or Qualified: 01/17/1979
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-2070881
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 (21-23)
2a. Mailing Address (26-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, 25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, 29. Country, 30. Country

9. Name and Address of Current Registered Agent: DICKINSON, ROBERT A. ESQ. 480 S. INDIANA AVE. ENGLEWOOD FL 33533
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

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: _____ DATE: _____
Signature typed or printed name of registered agent and the corporation. If a filer is required, sign the signature page with the name of the filer.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	GENTH, RICHARD 1840 GULF BLVD. ENGLEWOOD FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GENTH, RICHARD		2. NAME	
STREET ADDRESS: 1840 GULF BLVD.		3. STREET ADDRESS	
CITY-ST-ZIP: ENGLEWOOD FL	<input type="checkbox"/> DELETE	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP	GENTH, LAVONNE 1840 GULF BLVD ENGLEWOOD, FL 00000	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GENTH, LAVONNE		2. NAME	
STREET ADDRESS: 1840 GULF BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP: ENGLEWOOD, FL 00000	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	DEPALMA, JOHANNA 1770 GULF BLVD ENGLEWOOD, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEPALMA, JOHANNA		3.2 NAME	
STREET ADDRESS: 1770 GULF BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP: ENGLEWOOD, FL 00000	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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)(k), 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 register 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: *Johanna Depalma* 4/23/96 941-475-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dow: _____
Telephone: _____

CR2E034 (12/95)