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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

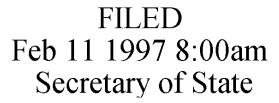
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

630952

(0)

BILL GALLE, INC.





Principal Place of Bu	Mailing	Mailing Address				T INDANO DINTO LINKO EBANE LUADI DINTO ANDI EKBAN DIDIN DIDIN BIBAN ELEKI INDI					
1183-C PASEO DEL MAR CASSELBERRY FL 32707		1183-C PASEO DEL MAR CASSELBERRY FL 32707-6430									
							3. Date Incorporated or Qualified 07/25/1979		te of Last R 25/1996	teport	]
2. Principal Place of	Business	2a. Mai	ling Address				4. FEI Number			oplied For	]
21	· · · · · · · · · · · · · · · · · · ·	26					59-1925932		<del></del>	ot Applicable	
Suite, Apt. #, etc.		η	e, Apt. #, etc.				5. Certificate of Status Desired			Additional	ı
22		27	0.64-1-							equired	4
City & State	— — ´	City & State			6. Election Campaign Financing	<u></u>		May Be			
23	Country	28 Zip		Cou	ntr.		Trust Fund Contribution	Ц		to Fees	4
Zip	<u>-</u> -¬ '	j)		<b> </b>	пау		8. This corporation has liability for i	ntangible Type <b>5</b>	tax under s	199.032,	
24	25   Name and Address of Currer	29 30 t Registered Agent					Florida Statutes				
					81	Name				<u></u>	1
GALLE, W	VICLIAM E ASEO DEL MAR				82			<del></del>			4
					Street Add	dress (P.O. Box Number is Not Acceptab	le)			ı	
UASSELD	ERRY FL 32707			ŀ	83						1
					84	City		FL	85 Zip	Code	
11. Pursuant to the poffice or register agent. Lam fami	provisions of Sections 607.050 ed agent, or both, in the State har with, and accept the oblig	02 and 607.19 of Florida S ations of, Sec	508, Florida Statut luch change was ction 607.0505, Flo	es, the at authorized orida Stat	DOVE d by utes	-named co the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of	changing i	ts registered registered	1
SIGNATURE	e, typed or profiled name of registered <b>a</b> g						ulred when reinstaling)	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	1
Table PTC	TD DELETE 1.		1.1 10	1.1 TITLE				Change	Addition	ڗٞ	
NAME GAI	LLE, WILLIAM E			1.2 N/	<b>ME</b>						13
STREET ADORESS 118	3-C PASEO DEL MAR			1.3 ST	REET	ADDRESS					Š
CITY-SI-ZIP CA	SSELBERRY FL 32707			1.4 C	TY-S	T-ZIP					3
TOLE			DELETE	2.1 1!	TLE		7.11		Change	Addition	٦
NAME				2.2 NA	ME						
STREET ADDRESS			•	2.3 \$1	REET	ADDRESS					Î
City - ST - 7iP				2.40	ITY-5	ST-ZIP					
TITLE			DELETE	3.1 11	TLE				Change	☐ Addition	1
NAME				3.2 N	AME	1					1
STREET ADDRESS				3351	REET	ADDRESS					1
CITY-S1-ZIP						ST-ZIP			<del>,</del>		4
TITLE			☐ DELETE	4.1 11					Change	Addition	<u>'                                    </u>
NAME				4. 2 N	IAME						1
STREET ADDRESS				4.3 \$1	TREET	ADDRESS					-
CITY-S1-7IP			F1 54 575	4.4 CI		T-ZIP				1 4.3 00	4
THE			DELETE	5.1 TI		į			Change	Addition	
NAME				5.2 N		]					
STREET ADDRESS				5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			10	5.4 C		T-ZIP				4 1 200	1
TITLE			DELETE	6.1 Ti					Change	Addition	1
NAME.				6.2 N			, if				
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 C	ITY-S	T-ZIP					┙

14. For 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:

MATURE AND VAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR