

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # G17159 (6)

1. Corporation Name

SANDWICH GALLERIES, INC.

Principal Place of Business

8445 INTERNATIONAL DR
#169
ORLANDO FL 32819

Mailing Address

RICHARD DELORUSSO
4144 SUMMERWOOD AVE
ORLANDO FL 32812-7944
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1982		3a. Date of Last Report 04/19/1995	
21 Suite, Apt. #, etc.		26 RICHARD DELORUSSO		4. FEI Number 59-2256306		Applied For Not Applicable	
22 City & State		27 1175 HWY A1A #203		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 SATELLITE BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 32937		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		30 USA					

9. Name and Address of Current Registered Agent

DELLORUSSO, RICHARD
4144 SUMMERWOOD AVE.
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name	RICHARD DELORUSSO		
82 Street Address (P.O. Box Number is Not Acceptable)	1175 HWY A1A #203		
83			
84 City	SATELLITE BEACH	85 Zip Code	32937

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

Richard Dellorusso RICHARD DELORUSSO PRESIDENT

4/18/96

Signature, typed or printed name of registered agent, and date of appointment.

Signature, typed or printed name of registered agent, and date of appointment.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELLORUSSO, RICHARD			1.2 NAME			
STREET ADDRESS	1175 HWY A1A #203			1.3 STREET ADDRESS			
CITY - ST - ZIP	SATELLITE BEACH FL			1.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTZAPPLE, RICKY			2.2 NAME			
STREET ADDRESS	4444 S RIO GRANDE AV 624			2.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			2.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYD, MELISSA			3.2 NAME			
STREET ADDRESS	4662 CEPEDA ST.			3.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 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:

Richard Dellorusso RICHARD DELORUSSO

4/18/96 (407) 171-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)