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

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

(9)

Socretary of State DIVISION OF CORPORATIONS APPROVED AND FILED

96 JAN 23 PM 3: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1996

DOCUMENT #

G73889

GALLO PROPERTIES, INC.

Principal Place of Business Mailing Address				# 1480ten 00m 10000 telbe 10190 t	bura Harr Aflett Andul Albur Albur Bilbet Andul (80)	
2338 SARATOGA BAY DR WEST PALM BEACH FL 33409		2338 SARATOGA BAY DR WEST PALM BEACH FL 33409				
US		US		Date Incorporated or Qualified 12/09/1983	3a. Date of Last Report 01/13/1995	
F 1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 State Apt Hope		26		59-2349225	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		, ,	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Z(p	Country	· · · · · · · · · · · · · · · · · · ·	or intangible tax under s 199.032,	
24	25	29	30	Florida Statutes		
	Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent	
			B1 Na	ame		
GALLO, ROBERT L.			82 Str	reet Address (P.O. Box Number is Not Accept	able)	
	PROSPERITY FARMS RD		00		· · · · · · · · · · · · · · · · · · ·	
#103	NEADLL CARRENT EL AGARA		83			
- PALM I	BEACH GARDENS FL 33420		84 Cit	ly	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	tes the above-name	ed corporation submits this statement for the p	FL Durings of changing its registered office	
or registe	ored agent, or both, in the State of Floric	da. Such change was authoriz	red by the corporation	on's board of directors. Thereby accept the ap	ppointment as registered agent. I am	
	vior, and accept the obligations or, secti	on boz.copo, nonda statute:	Si.			
SIGNATURE:	Stiplicature: system or perited name of registered agent	and title diapplication (NC	DFf. Registered Agenit signa	ature required when reinstating)	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIFECTORS IN 12	
11/16	DP	DELETE	1. 1 TITLE		Change Addition	
NAME	GALLO, JOSEPH J		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDR	MESS		
CITY ST ZIP	W. PALM BEACH FL		1.4 CITY - \$1 - ZIP			
HT(F	DVP	DELETE	2 1 TITLE	080	00000176% P&6	
NAME	GALLO, GENEVIVE L.		2.2 NAME	-02/08	000001 쿠앱약 '무설앱' -02/06/9601080019	
STREET ADDRESS			2 3 STREET ADDR		200.80 ****200.80	
Ory-St 7₽	W. PALM BEACH FL	ED POLICE	2 4 CITY - ST - ZIP			
1614		DELETE	3 1 7171.F		Change Addition	
NAME CHARLES ASSESSED			3 2 NAME	200		
STREET ADDRESS			3.3 STREET ADDR			
CHIV-SEZIP		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition	
NAMI:			4.2 NAME			
STHEET ADDRESS			4.3 STREET ADDR	NESS		
CHY-SI-ZIP			4.4 CiTY - ST- ZIP			
THE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME		_	
STHEET ADDRESS			5 3 STREET ADDR	RESS		
CITY 51-ZIP			5 4 CITY - ST- ZIP			
TITLE		☐ DELETE	6 1 TITLE		Change Addition	
NAM:			6.2 NAME		_ \	
STREET ADDRESS			6.3 STREET ADDR	RESS	O_{r}	
CHY-ST-ZIP			6.4 CITY - ST - ZIP		<u> </u>	
14. I do here	by certify that the information supplied v	with this filing is voluntarily fun	nished and does not	t qualify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further	

rus increas certify that the information supplied with this ting is votuntarily furnished and does not qualify for the exemption stated in Section 119.0/(3)(k), Florida Statutes. 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 by if made under cally, that I am an officer or director of this 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:

1-17-96 401-691-9394