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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P04015 (4)

1. Corporation Name

GALLO EQUIPMENT CO.

Principal Place of Business

11835 SOUTH AVENUE O  
CHICAGO IL 60617

Mailing Address

11835 SOUTH AVENUE O  
CHICAGO IL 60617  
US



3. Date Incorporated or Qualified  
11/09/1984

3a. Date of Last Report  
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACCORDI, PATRICIA M  
6215 NW 44TH STREET  
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GALLO, MICHAEL A. SR  
STREET ADDRESS 6227 NW 44TH ST  
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE CHAIRMAN  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS  
NAME GALLO, MICHAEL W. JR  
STREET ADDRESS BOX 346-A  
CITY-ST-ZIP LAKE VILLAGE IN

2.1 TITLE PRESIDENT  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME GALLO, EMILY R.  
STREET ADDRESS 6227 NW 44TH ST  
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME ACCARDI, PATRICIA M.  
STREET ADDRESS 6215 NW 44TH ST  
CITY-ST-ZIP CORAL SPRINGS FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME GALLO, ROBERT  
STREET ADDRESS 6207 W. 129TH PLACE  
CITY-ST-ZIP PALOS HEIGHTS IL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 954-752-0003  
Daytime Phone #

CR2E034 (12/95)