


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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 60617-7334 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 11/09/1984			
3a. Date of Last Report 05/01/1996			
4. FEI Number 36-2667194			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ACCARDI, PATRICIA M 6215 NW 44TH STREET CORAL SPRINGS FL 33065		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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			
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-nesting) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
C	GALLO, MICHAEL A. SR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6227 NW 44TH ST		1.2 NAME	
CORAL SPRINGS FL		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
P	GALLO, MICHAEL W. JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BOX 346-A		2.2 NAME	
LAKE VILLAGE IN		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
T	GALLO, EMILY R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6227 NW 44TH ST		3.2 NAME	
CORAL SPRINGS FL		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
S	ACCARDI, PATRICIA M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6215 NW 44TH ST		4.2 NAME	
CORAL SPRINGS FL		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
VP	GALLO, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6207 W. 129TH PLACE		5.2 NAME	
PALOS HEIGHTS IL		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	
14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (9/96)