

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P15407 (0)

**1. Corporation Name
GALLARD-SCHLESINGER INDUSTRIES, INC.**

**Principal Place of Business Mailing Address
584 MINEOLA AVENUE 584 MINEOLA AVENUE
CARLE PLACE NY 11514-1752 CARLE PLACE NY 11514-1752**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/30/1987 3a. Date of Last Report 05/24/1994

4. FEI Number 11-1768628 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

**01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE V
NAME SILBIGER, SHELDON
STREET ADDRESS 584 MINEOLA AVENUE
CITY-ST-ZIP CARLE PLACE NY**

**1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**TITLE D
NAME SCHLESINGER, HANS L.
STREET ADDRESS 584 MINEOLA AVENUE
CITY-ST-ZIP CARLE PLACE NY**

**2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**TITLE DS
NAME TAUT, ARNO
STREET ADDRESS 584 MINEOLA AVE
CITY-ST-ZIP CARLE PLACE NY**

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

**TITLE D
NAME DORN, KARLHEINZ
STREET ADDRESS 584 MINEOLA AVE
CITY-ST-ZIP CARLE PLACE NY**

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

**TITLE PT
NAME WENTGES, EDWARD
STREET ADDRESS 584 MINEOLA AVENUE
CITY-ST-ZIP CARLE PLACE NY**

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

**TITLE D
NAME Eugene Leitman
STREET ADDRESS 584 MINEOLA AVE
CITY-ST-ZIP CARLE PLACE NY 11514**

**6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Sheldon Silbiger Skeldon Silbiger 4/11/95 56-333-5600

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Company Name