

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15407 (0)**

1. Corporation Name
GALLARD-SCHLESINGER INDUSTRIES, INC.



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

3. Date Incorporated or Qualified 07/30/1987	3a. Date of Last Report 04/26/1995
4. FEI Number 11-1768628	Applied For <input type="checkbox"/> Not Applicable
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	

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. 11514-1744	29. 11514-1744
Country	Country
25.	30.

9. Name and Address of Current Registered Agent

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	SILBIGER, SHELDON	
STREET ADDRESS	584 MINEOLA AVENUE	
CITY-STATE-ZIP	CARLE PLACE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLESINGER, HANS L.	
STREET ADDRESS	584 MINEOLA AVENUE	
CITY-STATE-ZIP	CARLE PLACE NY	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TAUT, ARNO	
STREET ADDRESS	584 MINEOLA AVE	
CITY-STATE-ZIP	CARLE PLACE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORN, KARLHEINZ	
STREET ADDRESS	584 MINEOLA AVE	
CITY-STATE-ZIP	CARLE PLACE NY	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	WENTGES, EDWARD	
STREET ADDRESS	584 MINEOLA AVENUE	
CITY-STATE-ZIP	CARLE PLACE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEITMAN, EUGENE	
STREET ADDRESS	584 MINEOLA AVE	
CITY-STATE-ZIP	CARLE PLACE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK VOCE	
1.3 STREET ADDRESS	584 MINEOLA AVE	
1.4 CITY-STATE-ZIP	CARLE PLACE, NY 11514-1744	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTOPH VON MELGISE	
2.3 STREET ADDRESS	584 MINEOLA AVE	
2.4 CITY-STATE-ZIP	CARLE PLACE NY 11514	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 19.07(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: *Frank Voce* Frank Voce

4/4/96 516-333-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CRE034 (12/95)