

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

**FILED**

**May 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15407 (0)**  
 1. Corporation Name  
**GALLARD-SCHLESINGER INDUSTRIES, INC.**



Principal Place of Business <b>584 MINEOLA AVENUE                  CARLE PLACE NY 11514-1744                  US</b>	Mailing Address <b>584 MINEOLA AVENUE                  CARLE PLACE NY 11514-1752                  US</b>
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3. Date Incorporated or Qualified <b>07/30/1987</b>	3a. Date of Last Report <b>04/09/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	24. Zip Country	25. Country	29. Zip <b>11514-1744</b>	30. Country	4. FEI Number <b>11-1768628</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILBIGER, SHELDON</b>	1.2 NAME	<b>Silbiger, Sheldon</b>
STREET ADDRESS	<b>584 MINEOLA AVENUE</b>	1.3 STREET ADDRESS	<b>584 MINEOLA AVE</b>
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	1.4 CITY-ST-ZIP	<b>CARLE PLACE NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLESINGER, HANS L.</b>	2.2 NAME	
STREET ADDRESS	<b>584 MINEOLA AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAUT, ARNO</b>	3.2 NAME	<b>AMMANN, Guenther</b>
STREET ADDRESS	<b>584 MINEOLA AVE</b>	3.3 STREET ADDRESS	<b>584 MINEOLA AVE</b>
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	3.4 CITY-ST-ZIP	<b>CARLE PLACE NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORN, KARLHEINZ</b>	4.2 NAME	<b>VP, T VOCE, Frank</b>
STREET ADDRESS	<b>584 MINEOLA AVE</b>	4.3 STREET ADDRESS	<b>584 MINEOLA AVE</b>
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	4.4 CITY-ST-ZIP	<b>CARLE PLACE NY</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENTGES, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>584 MINEOLA AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEITMAN, EUGENE</b>	6.2 NAME	
STREET ADDRESS	<b>584 MINEOLA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLE PLACE NY</b>	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: Frank Voce, VP. 5-5-97 516-333-5600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)