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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15407

(0)

GALLARD-SCHLESINGER INDURTRIES, INC.

FILED Apr 20 1998 8:00am Secretary of State



| Division Div                                | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10   |                                   |               |  |   | . 1881 8781/818   | / <b>                                     </b> | <b>  </b>             |  |
|---|---|-----------------------------------|---------------|--|---|---|--|-----------------------|--|
| Principal Place of Business Mailing Address |   |                                   |               |  |   |   |  |                       |  |
| 584 MINEOLA AVENUE 584 MINEOLA AVENUE       |   |                                   |               |  |   |   |  |                       |  |
| CARLE PLACE NY 11514-1744                   |   | CARLE PLACE NY 11514-1744         |               |  | DO NOT WR   | TE IN THIS  | SPACE  |                       |  |
| U\$   |   | US                                | U\$           |  |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |  |                       |  |
|   |   |                                   |               |  | 07/30/1987  | J   |  |                       |  |
| 9 Principal C                               | Place of Business   | 2a. Mailing Address               |               |  | 4. FEI Number                                     |   |  | ·                     |  |
|   | · — — — — — — — — — — — — — — — — — — —   |                                   |               |  |   |   |  | oplied For            |  |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.               |               |  | 11-1768628  |   | ot Applicable                                  |                       |  |
|   |   | <del></del>                       |               |  | 5. Certificate of Status Desired                  |   |  | Additional<br>equired |  |
| City & State                                |   | City & State                      |               |  |   |   |  | <del>-'-</del>        |  |
| 23  |   | <del>} −−</del> ¬ ′               |               |  | 6. Election Campaign Financing                    |   | \$5.00 May Be Added to Fees                    |                       |  |
| Zip   | Country Zip   |                                   | Country       |  | Trust Fund Contribution                           | <del></del> _   |  |                       |  |
|   | <b>├</b> ── '   | h                                 | <del> </del>  |  | 8. This corporation owes or has                   |   |  | _ ~                   |  |
| 24  | 25 29 3. Name and Address of Current Registered Agent                               |                                   | 30            | 0 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |   |   |  |                       |  |
|   | <del></del>   | r negistered Agent                |               | 81 Name  |   | Jegistered  | Agent  |                       |  |
|   | CORPORATION SYSTEM  |                                   |               | Name   |   |   |  |                       |  |
| 1200 \$. PINE ISLAND ROAD                   |   |                                   | ľ             | 82 Street  | Address (P.O. Box Number is Not Accep             | (able)  |  |                       |  |
| PLANTATION FL 33324                         |   |                                   |               |  |   |   |  |                       |  |
|   |   |                                   |               | B3   |   |   |  |                       |  |
|   |   |                                   |               | B4 City  |   |   | og 7in   | Code                  |  |
|   | •   |                                   |               | City   |   | FL  | 85 Zip   | Code                  |  |
| 11. Pursuant                                | to the provisions of Sections 607.0503  | 2 and 607.1508, Florida Statu     | es, the ab    | ove-named  | corporation submits this statement for th         | a nurnosa o   | of changing it                                 | ls registered         |  |
| office or i                                 | registered agent, or both, in the State<br>are familiar with, and accept the obliga | of Florida, Such change was       | authorized    | by the cor   | poration's board of directors. I hereby ac        | cept the app  | pointment as                                   | registered            |  |
|   | ин шаниаг with, and accept the oranga   | mons or, section bor Josep, m     | urkia stati   | nes.   |   |   |  |                       |  |
| SIGNATURE                                   | Signature, typed or pricted name of regularies age                                  | of and blic if one beable ANO     | F. Registered | Apont socialize  | e togured whor: reinstating)                      | DATE  | <u>-</u>                                       |                       |  |
| 12.   | OFFICERS AND  |                                   | 13.           | Agran a griotali   | ADDITIONS/CHANGES TO OF                           |   | D DIRECTOR                                     | RS IN 12              |  |
| TITLE                                       | <b>1</b>  | <b>₹</b> DELETE                   | 1.1 1(1)      | F  |   |   | Change   | Addition              |  |
| NAME  | SILBIGER, SHELDON   |                                   | 1.2 NA        |  | SICBIGER Sheldow<br>584 MINEOLA AVE               | ı   |  |                       |  |
|   | 584 MINEOLA AVE.  |                                   |               |  | TO I MILITAD AVE                                  |   |  |                       |  |
| STREET ADDRESS                              | CARLE PLACE NY  |                                   |               | EET ADDRESS  | CARLE PLACE NY                                    | •   |  |                       |  |
| CITY-ST-ZIP                                 |   | DOLLTE                            |               | Y-ST-ZIP   | +   | ·   | Chasses  | No.                   |  |
| TITLE                                       | D   | ☐ DELETE                          | 2.1 TIT       |  | D and Manual                                      |   | ☐ Change                                       | 💹 Addition            |  |
| NAME  | 6CHLESINGER, HANS L.  |                                   | 2.2 NA        | NE   | DORN KARLHEINZ                                    |   |  |                       |  |
| STREET ADDRESS                              | 584 MINEOLA AVENUE  |                                   | 2.3 S1F       | EE1 ADDRESS  | 584 MINEOCA AVE                                   |   |  |                       |  |
| CITY-ST-ZIP                                 | CARLE PLACE NY  |                                   | 2. 4 CH       | Y-S1-ZIP   | CARLE PLACE NY                                    |   |  |                       |  |
| TITLE                                       | DS  | ☐ DELETE                          | 3.1 7(1)      | .E   | <u>'</u>  |   | L Change                                       | Addition              |  |
| NAME  | AMMANN, GUENTHER  | JENTHER                           |               | ΛE   |   |   |  |                       |  |
| STREET ADDRESS                              | 584 MINEOLA AVE   |                                   | 3.3 S1F       | EET ADDRESS  |   |   |  |                       |  |
| CITY-ST-ZIP                                 | CARLE PLACE NY  |                                   | 3.4 CD        | Y-ST-7/P   |   |   |  |                       |  |
| TITLE                                       | VPT   | ☐ DELETE                          | 4.1 111       |  |   |   | Change   | Addition              |  |
| NAME  | VOCE, FRANK   |                                   | 4. 2 NA       |  |   |   | -  |                       |  |
| STREET ADDRESS                              | 584 MINEOLA AVE   |                                   |               | EE1 ADDRESS  |   |   |  |                       |  |
|   | CARLE PLACE NY  |                                   |               |  |   |   |  |                       |  |
| CITY-ST-ZIP                                 | D D   | DELETE                            |               | r-ST-ZIP   |   |   | Change   | Addition              |  |
| TITLE                                       | · ·   | ☐ brreit                          | 5.1 TITI      |  |   |   | La vitaliye                                    |                       |  |
| NAME  | LEITMAN, EUGENE   |                                   | 5.2 NAJ       |  |   |   |  |                       |  |
| STREET ADDRESS                              | 584 MINEOLA AVE   |                                   | 53 STF        | EET ADDRESS  |   |   |  |                       |  |
| CITY-ST-ZIP                                 | CARLE PLACE NY  | ·-·                               | 5.4 CIT       | ·ST·ZIP  |   |   |  |                       |  |
| TITLE                                       |   | ☐ DELFTE                          | 61 TH         | .E   |   |   | ☐ Change                                       | Addition              |  |
| NAME  |   |                                   | 62 NA         | AE .   |   |   |  |                       |  |
| STREET ADDRESS                              |   |                                   | 63 518        | EE1 ADDRESS  |   |   |  |                       |  |
| CITY-ST-ZIP                                 |   |                                   | 64 CO         | r-ST-ZIP   |   |   |  |                       |  |
| 14. I hereby o                              | pertily that the information supplied wi  | th this filing does not qualify f | or the exer   | nption state   | i<br>ed in Section 119.07(3)(i), Florida Statutes | . I further or  | ertify that the                                | information           |  |
| indicated                                   | on this annual report or supplemental   | Lannual report is true and acc    | curate and    | that my sig  | mature shall have the same legal effect a         | s if made un  | nder oath; tha                                 | atlam an              |  |
|   | or <b>Bloc</b> k 13 if changed, or <u>on an at</u> ric                              |                                   | execute tr    | is report as   | required by Chapter 607, Florida Statute          | s, and that I   | лу пате ар                                     | pears in              |  |
|   |   |                                   |               |  | 1 1   | _   |  | 1                     |  |