Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000027326

GALLO SIGNS INC.

GALLO SIGNS INC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address
3218 ROOSEVELT ST HOLLYWOOD FL 33021	3218 ROOSEVELT ST HOLLYWOOD FL 33021

9 Name and Address of Current Registered Agent

Country

25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90224 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/13/1993 4. FEI Number

65-0417299

NAME   GALLO, JOELLEN   1.2 NAME   3.218 ROOSEVELT ST   1.3 STREET ADDRESS   CITY-ST-ZIP   HOLLYWOOD FL 33021   1.4 CITY-ST-ZIP     Change   Chan	stered red
3218 ROOSEVELT ST HOLLYWOOD FL 33021  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 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 and little if applicable.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when remistating)   DATE	stered red
HOLLYWOOD FL 33021  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 Zip Code  80 Zi	stered red
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 agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named 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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  PD  DELETE  1.1 TITLE  Change  CHANGE  GALLO, JOELLEN  3218 ROOSEVELT ST  1.3 STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33021  1.4 CITY-ST-ZIP  DELETE  2.2 NAME  STREET ADDRESS  3218 ROOSEVELT ST  2.3 STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33021  2.4 CITY-ST-ZIP  TITLE  D  Change  C	stered red
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 register 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 register 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 reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  HOLLYWOOD FL 33021  14. CITY-ST-ZIP  TITLE  D  OFFICERS AND DIRECTORS  13. TITLE  Change	stered red
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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  TITLE PD	$\overline{}$
12. OFFICERS AND DIRECTORS  TITLE PD DELETE 1.1 TITLE  NAME GALLO, JOELLEN 1.2 NAME  STREET ADDRESS 3218 ROOSEVELT ST 1.3 STREET ADDRESS  CITY-ST-ZIP HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP  TITLE D D DELETE 2.1 TITLE  NAME GALLO, PAUL 2.2 NAME  STREET ADDRESS 3218 ROOSEVELT ST 2.3 STREET ADDRESS  CITY-ST-ZIP HOLLYWOOD FL 33021 2.2 NAME  STREET ADDRESS 3218 ROOSEVELT ST 2.3 STREET ADDRESS  CITY-ST-ZIP HOLLYWOOD FL 33021 2.4 CITY-ST-ZIP  TITLE D D DELETE 3.1 TITLE  TITLE D Change C  CHANGE GALLO, JONATHAN 3.2 NAME  STREET ADDRESS 3218 ROOSEVELT ST 3.3 STREET ADDRESS  STREET ADDRESS 3218 ROOSEVELT ST 3.3 STREET ADDRESS  STREET ADDRESS 3218 ROOSEVELT ST 3.3 STREET ADDRESS	$\overline{}$
TITLE	$\overline{}$
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STREET ADDRESS   3218 ROOSEVELT ST	1
CITY-ST-ZIP	
DELETE	
STREET ADDRESS   3218 ROOSEVELT ST   2.3 STREET ADDRESS	Addition
CITY-ST-ZIP         HOLLYWOOD FL 33021         2.4 CITY-ST-ZIP           TITILE         D         DELETE         3.1 TITLE         Change         Change         STREET ADDRESS         STREET ADDRESS	
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HOLLYWOOD EL GOOG	
CITY_ST_7/P HOLLYWOOD FL 33021	
	7. 4. 1. 12. 12. 12. 12. 12. 12. 12. 12. 12.
	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         Change	Addition
FAMILE	1 Addition
NAME STOREST ADDOCCO	
STREET ALUNESS	- 1
VIII-31-2F	Addition
NAME 6.2 NAME	-
STREET ADDRESS 6.3 STREET ADDRESS	ĺ
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. Thereby 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with the infor	_

Country

30

14. I 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 informatio 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 eath; 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

959 983-7716