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Mar 05 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000040324 (4)

1. Corporation Name
GARALEE, INC.



Principal Place of Business
**714 WEST JEFFERSON ST.
BROOKSVILLE FL 34601**

Mailing Address
**714 WEST JEFFERSON ST.
BROOKSVILLE FL 34601-2530**

3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1209907	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 checked="" 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 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**BAILEY, MILDRED
714 WEST JEFFERSON ST.
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, MILDRED	12 NAME	
STREET ADDRESS	714 W. JEFFERSON ST	13 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	22 NAME	
STREET ADDRESS	BAILEY, ALAN A.	23 STREET ADDRESS	
CITY - ST - ZIP	58 W 68TH ST	24 CITY - ST - ZIP	
	NEW YORK NY	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY - ST - ZIP	
CITY - ST - ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY - ST - ZIP	
CITY - ST - ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY - ST - ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY - ST - ZIP	
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: *Mildred W. Bailey* **Mildred W. Bailey 02/22/97 (352) 799-0722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)