

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

55 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000082 (5)

1. Corporation Name

GALLERIA HALL FOR HIRE, INC.

Principal Place of Business

Mailing Address

402 N. SHORE DR. 2077 S. TAMiami TR. 402 N. SHORE DR. 2077 S. TAMiami TR.
OSPREY FL 34299 VENICE, FL 33493 OSPREY FL 34299 VENICE, FL 33493

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report
4. FEI Number 65-0454760	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent

SHAPIRO, RICHARD A
2063 MAIN ST.
SARASOTA FL 34237-6094

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions on 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 title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, SYLVIA	1.2 NAME	
STREET ADDRESS	402 N. SHORE DR. 432 BOLLINI Circle	1.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL 34299 NOKOMIS, FL 34275	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, MICHAEL	2.2 NAME	
STREET ADDRESS	402 N. SHORE DR. 432 BOLLINI Circle	2.3 STREET ADDRESS	
CITY - ST - ZIP	OSPREY FL 34299 NOKOMIS, FL 34275	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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: Sylvia Bloom SYLVIA BLOOM PRES.

4-10-95

813-4926696

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #