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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000082 (5)

GALLERIA HALL FOR HIRE, INC.

Principal Plac	e of Business	Mailing Address	ailing Address				i ibbilopi ile ibili bilil bbili bbili bbili		DENLEDER IGN	<b>i</b> iin i <b>n</b> ii	
2077 S. TAMIAMI TRAIL VENICE FL 34283 US		2077 S. TAMIAMI TRAIL VENICE FL 34293-5010 US	VENICE FL 34293-5010								
i							3. Date Incorporated or Qualified 01/03/1994	3a. Dale of Last Report 02/19/1996			
<del>-</del>	lace of Business	28. Mailing Address	2a. Maifing Address				4. FEI Number		A	pplied For	
21 Suite Ant	# 010	26					65-0454760			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27				5. Certificate of Status Desired			Additional equired	
City & State	0	City & State	28				Election Campaign Financing     Trust Fund Contribution		•	May Be	
Zip	Country		Zip Country							to Fees	
24	<b>├</b> ──			0			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No				
	9. Name and Address of Curren						D. Name and Address of New Reg	jistered /	Agent		
SHA	PIRO, RICHARD A			81	Namo				<u>-</u>		
2063 MAIN ST.				82	Street Ad	ddress	(P.O. Box Number is Not Acceptable	e)			
SARASOTA FL 34237-6094											
			ļ	83							
			ţ	84	City			FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	s, the ab	iove	-named co	orpora	tion submits this statement for the p	irnosa of	changing i	ts 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										Ì	
	Signature, typed or printed name of registered age			Age:	nt signature zer	equired w	vijen reinstating)	DATE			
12.	OFFICERS AND DIRECTORS  DELETE			13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	Addition	
NAME	BLOOM, SYLVIA			1.2 NAME							
STREET ADDRESS	432 BELLINTI CIRCLE				ADDRESS					ĺ	
CITY-ST-ZIP	NOKOMIS FL		1,4 CITY-S1-							ļ	
TITLE	ST	DELETE					<del></del>		Change	Addition	
NAME	BLOOM, MICHAEL		2.2 NAME						ĺ		
STREET ADDRESS	432 BELLINI CIRCLE		2 3 518	2.3 STREET ADDRESS							
CITY-ST-ZIP	NOKOMIS FL		2. 4 CI	1y - S	1 - ZIP					<b>_</b>	
TITLE	V.P.	☐ DELETE	3.1 TIT	LF.	ļ				☐ Change	Addition	
NAME	Richard Bloom 432 Bellin Cik Nokomis	7,	3.2 NA	ME	1						
STREET ADDRESS	432 Beflew Cik	C/24,75			ADDRESS						
CITY-ST-ZIP TITLE	Prokornis	DELETE	34 CI		T-ZIP				Change	Addition	
NAME			4.1 TIT						□1 cuange	Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.3 ST		į					ļ	
TITLE		DELETE	5.1 7/7						Change	Addition	
NAME			4	5.2 NAME					_ w	_ ` }	
STREET ADDRESS				5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 C(1	y - S1	I - ZIP					]	
TITLE	☐ DELETE		6.1 TIT	ιE					Change	Addition	
NAME			6.2 NA	ME	(					ļ	
STREET ADDRESS			6.3 \$16	REE 1	ADDRESS					İ	
CITY-ST-ZIP	and the short short series	d and all the days are also as a second	6.4 CI1				0.45-410.07/07/20 51 11 0.55	-17			
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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is enauged, or an attachment with an address.											

2/3/97

741-966-5158