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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURF:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 06 1998 8:00am

Secretary of State

492-6691

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400000082 (5)

GALLERIA HALL FOR HIRE, INC. Principal Place of Business Mailing Address 2077 S. TAMIAMI TRAIL 2077 S. TAMIAMI TRAIL VENICE FL 34283 VENICE FL 34275 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 01/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0454760 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHAPIRO, RICHARD A 2063 MAIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237-6094 83 84 Zip Code 85 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition BLOOM, SYLVIA NAME 1.2 NAME CR2E034 **432 BELLINTI CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS NOKOMIS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BLOOM, MICHAEL** NAME 2.2 NAME **432 BELLINI CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS **NOKOMIS FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE **VD-V**P-3.1 TITLE **BLOOM, RICHARD** NAME 3.2 NAME **432 BELLINTI CIRCLE** STREET ADDRESS 3.3 STREET ADDRESS **NOKOMIS FL** CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 comporation or the receiver of truetee 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.