

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021905 (2)

1. Corporation Name
GALLANT R.E. TRUST, INC.



Principal Place of Business 3545 PLAYER DRIVE NEW PORT RICHEY FL 34655 US	Mailing Address 3545 PLAYER DRIVE NEW PORT RICHEY FL 34655 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/22/1994		4. FEI Number 59-3231574		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent GALLANT, GERALD 15000 WAVERLY ST CLEARWATER FL 34620				10. Name and Address of New Registered Agent 81 Name: GALLANT, GERALD 82 Street Address (P.O. Box Number is Not Acceptable) 3545 PLAYER DRIVE 83 84 City: NEWPORT RICHEY FL 85 Zip Code: 34655					

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: Gerald G. Gault Gerald G. Gault DATE: JAN 5, 1998
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 IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLANT, GERALD			1.2 NAME	GALLANT, GERALD		
STREET ADDRESS	15000 WAVERLY ST.			1.3 STREET ADDRESS	3545 PLAYER DRIVE		
CITY-ST-ZIP	CLEARWATER FL 34620			1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLANT, SUZANNE			2.2 NAME	GALLANT, SUZANNE		
STREET ADDRESS	15000 WAVERLY ST.			2.3 STREET ADDRESS	3545 PLAYER DRIVE		
CITY-ST-ZIP	CLEARWATER FL 34620			2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald G. Gault Gerald G. Gault DATE: JAN 5 1998 813 375 0127

CR2E034 (10/97)