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Jun 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 # P94000075165 (8)

1. Corporation Name

GALLERIA INVESTMENT GROUP, INC.



Principal Place of Business

8050 SEMINOLE MALL
STE 205
SEMINOLE FL 34642

Mailing Address

8050 SEMINOLE MALL
STE 205
SEMINOLE FL 33772-4711

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
10/10/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3272154

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGER, CLIFFORD M
8050 SEMINOLE MALL
SUITE 205
SEMINOLE FL 34642

81 Name Robert J. Carter

82 Street Address (P.O. Box Number is Not Acceptable)
8050 Seminole Mall, Ste 205

83

84 City Seminole

FL

85 Zip Code 34642

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 Robert J. Carter

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CARTER, ROBERT J
STREET ADDRESS 11151 105 AVE NO
CITY-ST-ZIP SEMINOLE FL 34648

TITLE V
NAME GAGER, CLIFFORD M
STREET ADDRESS 9039 BRIARWOOD DR
CITY-ST-ZIP SEMINOLE FL

TITLE Y
NAME CARTER, MARY JANE
STREET ADDRESS 11151 105 AVE NO
CITY-ST-ZIP SEMINOLE FL 34648

TITLE S
NAME GAGER, LESLIE A
STREET ADDRESS 9039 BRIARWOOD DR
CITY-ST-ZIP SEMINOLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE

CR2E034 (9/96)