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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NAME

STREET ADDRESS

SIGNATUŔE:

P95000021393 (0) **DOCUMENT #** 1. Corporation Name

	GALLER	ia real	TY GROUP, INC.							
Pri	incipal Place o	f Business		Mailing Addres	ss				T INDIVIDUO LEG INTEL BUSIN NOSTEN NORTH AND HEADER HAND HEADER H	
	8050 SEMINOL SEMINOLE FL		TE. 207	8050 SEMIN SEMINOLE (IOLE MALL S FL 34642	TE. 20 7				
									3. Date incorporated or Qualified 3a. Date of Last Report 03/15/1995	
2. 21	Principal Place of Business			2a. Mailing Ad	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For Not Applied For	
22	Suite, Apt. #, etc.			₁	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
23	City & State				City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
24	Zip		Country 25	Zip 29		Cour	ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No	
[9. Name	and Address of Currer						10. Name and Address of New Registered Agent	
							Name			
CARTER, MARY JANE						ļ	82 Street Address (P.O. Box Number is Not Acceptable)			
			NUE NORTH		83					
	SEMINUL	LE FL 346	940					04	85 Zip Code	
								City	FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation support registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.								corporation sulmits this statement for the purpose of changing its registered office is board of directors. I hereby acceptable appointment as registered agent. I am		
	familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						Orivilla (the ulada)			
SIGNATURE MARY JAVE CARTER, President Signature typed or product name of registered as entland the if as Alexable. [NOTE: Fag						_		signature re	e required of constaining	
1	12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TI	TLE				DELETE	ELETE 1.4 TITLE			Change Addition	
N	NAME					1.2 N/			CARTER, MARY JANE.	
STREET ADDRESS							1.4 CITY-SI-ZIP		Semipore, FL 34648	
CITY - ST - ZIP			DELETE					- ZIP		
	ITLE				2 1 THTLE 2.2 NAME		Von HEAL, ERIC.			
	NAME CANALA ADDOCADA			2.2 NAMIC 2.3 STREET ADDRESS			Wind Von Heal, ERIC. Change PAddition 3665 EAST BAY Dr. # 204			
STREET ADDRESS							ļ	LATGO, FL. 34641		
CITY-ST-ZIP TITLE			DEL ETE			2 4 CiTY - ST - ZiP 3 1 TITLE			Change Addition	
NAME						3.2 NAME		Carter, Robert J.		
s	TREET ADDRESS					3.3 S	TREÉT	ADURESS	11121 102 MOC. 00.	
10	:ITY-ST-ZIP				3.4 C	3.4 CITY - ST - ZIP		SemINDLE, FL. 34648		
TITLE				DELETE				GAGER, CLIFFORD M. Change Baddition		
NAME						4.2 NAME		The an Haranan AC		
STREET ADDRESS							ADDRESS	Seminole, Pl. 34642		
CITY-SI-ZIP				DELETE			ITY-SI	- ZIP	Semi Dole, 4C. Change Addition	
TITLE					PELLIL	5.2 N			had a songe had the	
i	LAME							ADDRESS	s	
- 1	STREET ADDRESS '						ITY-SI			
	OTE F				DELETE	6 1 1			Change Addition	

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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 early; that I am an officer or director of the corporation or the receiver or hoste; empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or print in attachment with an address.