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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000021393 (0)

GALLERIA REALTY GROUP, INC.

appears in Block 12 or Block 13 if changed, or on ar

Principal Plac		Mailing Address			
		8050 SEMINOLE MALL STE. SEMINOLE FL 33772-4711	. 207		
				3. Date Incorporated or Qualif 03/15/1995	ied 3a. Date of Last Report 05/01/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	<del></del>	59-3303325	Not Applicable
20 27		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			9 <b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		for intangible tax under s. 199,032,
24 -	25 9. Name and Address of Curr		30	Florida Statutes  10. Name and Address of Nev	Yes No
• CAR	TER, MARY JANE	on negrotore rigoni	81 Name 1	2 had 7 7	0 -00
	1 105TH AVENUE NORTH		82 Street Add	JOURN J. CA	ARTER
	INOLE FL 34648		311 eet A40	ress (P.O. Box Number in Not Acad	7471. Ste 205
i··			83		· · · · · · · · · · · · · · · · · · ·
			84 City 🗘		85 Zig Cople (/)
		500 - 1002 (F00 F) - 0 O	<u>\</u>	mirbie	$\Gamma = \Gamma \cup \mathcal{I}(\emptyset \mathcal{I} \mathcal{I} \mathcal{I})$
office or i	to the provisions of Sections 607.09 registered agent, or both, in the Sta	te of Florida. Such change was a	es, the above-hamed corpora	poration submits this statement for tion's board of directors. I hereby $\epsilon$	the purpose of changing its registered accept the appointment as registered
I	am familier with, and accept the obl	gations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, yped or printed name of registered	agont and title if applicable. (NOTE	Hegislered Agent signature requ	ired when reinstaling)	DATE
12.		AND DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TALE	P	☐ DELETE	1,1 FOLE		Change  Addition
NAME	CARTER, MARY JANE		1.2 NAME		
STREET ADDRESS	11151 105 AVE NO		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	DELETE	1.4 DITY-ST-ZIP		Change Addition
TITLE	V	DELETE.	21 TITLE		
NAME	VON HEAL, ERIC   3885 E BAY DR., #204		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		!
TITLE	1	☐ DELETE	31 1/TLF		☐ Change ☐ Addition
NAME	CARTER, ROBERT J		3.2 NAME		
STREET ADDRESS	1151 105 AVE NO		3.3 STREFT ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4. CITY - ST - 7(P		
TITLE	8	DELETE	4.1 THLE		Change Addition
NAME ::-	GABER, CLIFFORD M		4. 2 NAME		
STREET ADDRESS	9039 BRIARWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE .			5.1 THLE 5.2 NAME		Ca Orango Ca Rodilloli
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6,1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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

**FILED** 

Jun 05 1997 8:00am

Secretary of State