

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morbham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068858 (6)**

1. Corporation Name
GAL WHOLESALE & TRADING INC.



Principal Place of Business
**6142 WHISKEY CREEK DRIVE, UNIT 361
FORT MYERS FL 33912**

Mailing Address
**6142 WHISKEY CREEK DRIVE, UNIT 361
FORT MYERS FL 33912**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc. Unit 615	26 State, Apt. #, etc. Unit 615
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report
4. FEI Number 65-0604906	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

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD, SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name Israel Korlansky
82 Street Address (P.O. Box Number is Not Acceptable) 6142 Whiskey Creek Dr. Unit 615
83
84 City Fort Myers
85 Zip Code FL 33915

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE **Israel Korlansky** 2/27/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY, ST, ZIP	3. STREET ADDRESS	4. CITY, ST, ZIP
5. TITLE	6. NAME	5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY, ST, ZIP	7. STREET ADDRESS	8. CITY, ST, ZIP
9. TITLE	10. NAME	9. TITLE	10. NAME
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95. STREET ADDRESS	96. CITY, ST, ZIP	95. STREET ADDRESS	96. CITY, ST, ZIP
97. TITLE	98. NAME	97. TITLE	98. NAME
99. STREET ADDRESS	100. CITY, ST, ZIP	99. STREET ADDRESS	100. CITY, ST, ZIP

14. I, the undersigned, 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 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: **Israel Korlansky** 2-27-96 941-482-8295

CR2E034 (12/95)