

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

FILED

**Apr 29 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 # P96000001667 (0)
1. Corporation Name
SHIP'S GALLEY, INC.



Principal Place of Business: **123 LIVE OAK LANE BOYNTON BEACH FL 33436**
Mailing Address: **123 LIVE OAK LANE BOYNTON BEACH FL 33436-7102**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 2749 NE 26th AVE		01/02/1996			
22 City & State		27 Lighthouse Pt., FL		4. FEI Number		Applied For	
23 Zip		28 33064		65-0656049		Not Applicable	
24 Country		29 BROWARD		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BURKE, WILLIAM J
123 LIVE OAK LANE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name	ELLA JOYCE BENNETT
82 Street Address (P.O. Box Number is Not Acceptable)	2749 NE 26th AVE
83	
84 City	Lighthouse Pt FL
85 Zip Code	33064

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: *Ella Joyce Bennett - Treasurer* DATE: **5/20/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURKE, WILLIAM J	
STREET ADDRESS	123 LIVE OAK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	QVARNSTROM, DONNA	
STREET ADDRESS	123 LIVE OAK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENJAMIN B. BENNETT	
STREET ADDRESS	2749 NE 26th St	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELLA JOYCE BENNETT	
STREET ADDRESS	2749 NE 26th St	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ERNEST C. DEFORE	
STREET ADDRESS	2378 NE 28th St.	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARGARET A DEFORE	
STREET ADDRESS	2378 NE 28th St.	
CITY-ST-ZIP	Lighthouse Pt., FL 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: *Ella Joyce Bennett / Ella Joyce Bennett Treasurer* **5/20/96**

CR2E034 (9/96)