PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90128 034 ***150.00

DOCUMENT # P9600009122

1. Corporation Name

GALLAGHER ENTERPRISES OF PALM BEACH COUNTY, INC.

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Principal Place of Business Mailing Address					2 indiidh ish ian dus Editi adiil dhu an	11 ##11# :#1## 11#1)# (#10 1181 1881
10148 ASPEN WAY PALM BEACH GARDENS FL 33410 10148 ASPEN WAY PALM BEACH GARDENS FL					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 01/26/1996	P-10-11	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
		—			65-0638606		lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22					5. Certifcate of Status Desired	Fee Required	
City & Stat	е .	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	etry	8. This corporation owes the current year I		10 1 0 10
24	25	— — — — — — — — — — — — — — — — — — —		-			□No
	9. Name and Address of Currer		1201		10. Name and Address of New Registere	d Agent	
		<u> </u>		81 Name			
GALLAGHER, MICHAEL V JR				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
10148 ASPEN WAY			L				
PAL	M BEACH GARDENS FL 33410			83	•		
			ŀ	84 City	. F	85 Zip	Code
		00 1 007 4500 Fl14- 0t-h	45				s sociatored
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida, Such change was a	uthorized	by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE					<u> </u>		
	Signature, typed or printed name of registered age			Agent signature require			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D AND AGUED MICHAEL VID	U DELETE	1.1 T/II			∐ Criange	
NAME	GALLAGHER, MICHAEL V JR		1.2 NA	_			
STREET ADDRESS	10148 ASPEN WAY	0440		EET ADORESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 3			7-ST-ZIP		Change	Addition
TITLE	D DELETE		2.1 TITL			[1] Citalige	L Addition
NAME	GALLAGHER, BETTY K		2.2 NAI				
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CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP		Change	Addition
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NAME							
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NAME				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP		☐ Change	Addition
TITLE	•	☐ DELETE	6.2 NAN			∪ criange	
NAME			L				Į.
STREET ADDRESS	•			EET ADDRESS			
CITY-ST-7IP			■ 6.4 CIT	/-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: