

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

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081063 (5)**

1. Corporation Name  
**GALLERY CENTER INVESTORS CORP.**



Principal Place of Business  
**7777 GLADES ROAD  
SUITE 310  
BOCA RATON FL 33434**

Mailing Address  
**7777 GLADES ROAD  
SUITE 310  
BOCA RATON FL 33434-4185**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0697568</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24 Country		29 Country		6. 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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
81 Name  
**Robert J. Schmier**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7777 Glades Road, Suite 310**  
83  
84 City  
**Boca Raton, FL**  
85 Zip Code  
**33434**

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 **Robert J. Schmier, President** DATE **3/12/97**  
Signature, typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	
NAME	<b>WEINSTEIN, NORMAN S</b>	1.2 NAME	
STREET ADDRESS	<b>210 KNICKERBOCKER ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESSKILL NJ 07626</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>D/P</b>
NAME	<b>SCHMIER, ROBERT J</b>	2.2 NAME	
STREET ADDRESS	<b>7777 GLADES ROAD, STE 310</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>D/VP/S/CEO</b>
NAME	<b>FEURRING, DOUGLAS R</b>	3.2 NAME	
STREET ADDRESS	<b>7777 GLADES ROAD, STE 310</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<b>T</b>
NAME		4.2 NAME	<b>Kathryn A. Lopez</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7777 Glades Road, Suite 310</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33434</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

561 483-8400

CR2E034 (9/96)