We enclose the following documents for filing with your office:

November 18, 1998

RE: GALLACE, INC.

Statement of Change of Registered Office and Registered Agent & check \$35.00

Please contact us if you have any questions.

To:

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Law Offices

Richard M. Georges, P.A.

3656 First Avenue North St. Petersburg, FL 33713 (813) 321-4420

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of orders

Charter No.	P98000092203
Date Filed	10/29/98

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

Ι.	The name of the corporation is:	GALLACE,	INC.		<u> </u>	
					CARE NO	ŧ į
2.	The name and address of its present regis	tered agent is:			23 ARY ASSE	
	3656 Fi	M. Georges est Avenue N ersburg, FL			OF STATE.	Ü
3.	The name and street address to which its: (P.O. B	registered agent	is to be c	hanged is:		
	GISELA I	H. GALLACE				
_	526 Cent	ral Avenue				
-	St. Pete	ersburg, FL	33701			
4.	The street address of its registered office agent, as changed, are identical.	and the street ac	idress of	the business	s office of its	registered
5.	Such change was authorized by resolution the corporation so authorized by the board	duly adopted to directors.	y its boat	d of directo	ors or by an o	officer of
	GISELA H. GALLACE (Typed or printed name and title)	_ Signature_	Joe ll	M)-) (President or	JAMMU Vice President	<u>/ </u>
		Date	No	ovember 1	8, 1998	
HA AE	AVING BEEN NAMED AS REGISTERED A BOVE STATED CORPORATION AT THE I	GENT AND TO	ACCEPT	SERVICE	OF PROCES	S FOR THE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name_	GISELA H. GALLACE		
Signature 1. 1917	lallar	-	_
Date	(Agcnt) November 18, 1998	= .	_