

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

APPROVED
AND
FILED

95 MAR 10 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001427948
-03/13/95--01055--003
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

• CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # *M 13302*

1. Corporation Name
GALLAGHER FINANCIAL SYSTEMS, INC.

Principal Place of Business Mailing Address

7241 S.W. 63RD AVENUE
SUITE 102
MIAMI, FLORIDA 33143

7241 S.W. 63RD AVENUE
SUITE 102
MIAMI, FLORIDA 33143

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

3. Date Incorporated or Qualified	3a. Date of Last Report
3/28/85	3/17/94
4. FL No.	Applied For
59-2512953	Not Applicable
5. Certificate of Status Desired	<input 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

DOUGLAS D. GALLAGHER
GALLAGHER FINANCIAL SYSTEMS, INC.
7241 S.W. 63RD AVENUE, SUITE 102
MIAMI, FLORIDA 33143

10. Name and Address of Now Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____ (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS D. GALLAGHER	1.2 NAME	
STREET ADDRESS	8235 S.W. 60TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33143	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in 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 of this report, or any attachment with an address.

SIGNATURE: *Douglas D. Gallagher*
SIGNATURE MUST BE IN PRINT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS D. GALLAGHER

3-3-95 800-989-9998