

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M13302 (8)**

1. Corporation Name
GALLAGHER FINANCIAL SYSTEMS, INC.



Principal Place of Business		Mailing Address	
21	22	26	27
7241 S.W. 63RD AVENUE SUITE 102 MIAMI FL 33143		7241 SW 63RD AVE SUITE 102 MIAMI FL 33143 US	
23	24	28	29
City & State	Zip	City & State	Zip
	Country		Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/28/1985	03/10/1995
4. FEI Number	Applied For
59-2562953	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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

**GALLAGHER, DOUGLAS
GALLAGHER FINANCIAL SYSTEMS, INC.
7241 SW 63RD AVE., #102
MIAMI FL 33143**

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

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

Signature of person changing status of the corporation

Date Registered Agent signed and delivered to us

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	13
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY, ST, ZIP	14 CITY, ST, ZIP
<input type="checkbox"/> DELETE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY, ST, ZIP	24 CITY, ST, ZIP
<input type="checkbox"/> DELETE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY, ST, ZIP	34 CITY, ST, ZIP
<input type="checkbox"/> DELETE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY, ST, ZIP	44 CITY, ST, ZIP
<input type="checkbox"/> DELETE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY, ST, ZIP	54 CITY, ST, ZIP
<input type="checkbox"/> DELETE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY, ST, ZIP	64 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)(k), 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 or 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/5/96 X 305.665.5099
L.S. 12/1/95

CR2E034 (12/95)