

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

APPROVED AND FILED

98 JUN 17 AM 10:24

DOCUMENT # P94000082941 (3)

1. Corporation Name
MCHALE, INCORPORATED



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5033 LACOSTA ISLAND COURT
PUNTA GORDA FL 33950

Mailing Address
5033 LACOSTA ISLAND COURT
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

2. Principal Place of Business
21 6859 Laurel Valley Dr.
Suite, Apt. #, etc.

2a. Mailing Address
25 6859 Laurel Valley Dr.
Suite, Apt. #, etc.

4. FEI Number
65-0538245
Applied For
Not Applicable

22 City & State
23 Ft. Worth, TX
24 Zip 76132 25 Country

27 City & State
28 Ft. Worth, TX
29 Zip 76132 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

MCHALE, JOHN J
5033 LACOSTA ISLAND COURT
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
KASHYAP D. BATHAL
82 Street Address (P.O. Box Number is Not Acceptable)
610 Morrison, Brown, Argiz + Co
83 1001 Brickell Bay Dr. 9th Floor
84 City Miami 85 Zip Code FL 33131

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]*

6-15-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCHALE, JOHN J	
STREET ADDRESS	5033 LACOSTA ISLAND COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6859 Laurel Valley Dr.
1.4 CITY-ST-ZIP	Ft. Worth, TX 76132
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *[Signature]* KASHYAP D. BATHAL 6-15-98

CR2E034 (10/97)