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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 289601

(7)

THE GALE COMPANY



Principal Place of Business		Mailing Address	Mailing Address						
9122 SW 78 MIAMI FL 331		9122 SW 78 PLACI MIAMI FL 33156	9122 SW 78 PLACE						
					3.	Date Incorporated or Qualfied 02/08/1965		te of Last I	•
2. Principal Place of Business		2a. Mailing Address			4.	4. FET Number 59-1295656			Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5.	5. Certificate of Status Desired			5 Additional	
City & State)	City & State				Election Campaign Financing			Required
3		28			0.	Trust Fund Contribution)0 May Be ed to Fees
Zip	Country	Zip	Coun	try	8.	This corporation has hability fo	✓intangible t		
1	25	29	30				s ∐No		
	9. Name and Address of Cu	rrent Registered Agent				. Name and Address of New	Registered	Agent	
			3	31 Nam	0				
GALE, STEPHEN 9122 S.W. 78TH PL.			82 Str		el Address (P	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL			E	33		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			ε	34 City			FL	85 7	ip Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of I h, and accept the obligations of, S	Florida. Such change was autho	orized by the co	rporation	's board of di	irectors. Thereby accept the ap	pointment as	s registered	d agent. I am
iarninar witi		occurr our loade, monder circle							
iarniliar with	Signature, typed or printed name of registered	agent and little if applicable	(NOTE: Registered Ac	gent sign et il			EIATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE Bog stered Ac			cirstangi ADD/TIONS/CHANGES 10 OF	FICERS AND		
BIGNATURE E	Signature, typed or printed name of registered OFFICERS PD	agent and little if applicable	(NOTE Registrated A) 13. 1.1 THE	F			FICERS AND	DIRECTO	
SIGNATURE E E 2. TLE	Signature, typical or printed name of registered OFFICERS PD GALE, STEPHEN	agent and title if applicable AND DIRECTORS	NOTE Registreed As 13. 1.1 THE 12 NAM	F E			FICERS AND		
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GIGNATURE: 2. ITLE AME IRRET ADDRESS ITY-SI-ZIP TILE AME TREFI ADDRESS TY-SI-ZIP	Signature, typed or printed name of registered OFFICERS PD GALE,STEPHEN 9122 S.W. 78TH PL. MIAMI FL 33156 SD GALE,JANICE	agent and the if applicable AND DIRECTORS DELETE	13. 1.1 TITE 12 NAM 13 STRE 14 CITY 2 1 TITE 22 NAM	F IE ADDRES -SI-ZIP E EI ADDRES! -SI-ZIP	6		FICERS AND	Change	☐ Addition
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14. Ido 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 of 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 12 if changed, or on an alkachment with an address.

SIGNATURE

GNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/94 (305) 591-4383