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

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 289601 (7) THE GALE COMPANY Principal Place of Business Mailing Address 9122 SW 78 PLACE 9122 SW 78 PLACE MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1965 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1295656 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 Personal Property Tax due June 30. Yes 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GALE, STEPHEN 9122 S.W. 78TH PL. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** В3 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, and accept the obligations of, Section 607,0505, Florida Statutes. **SIGNATURE** (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 Tett F GALE.STEPHEN NAME 1.2 NAME 9122 S.W. 78TH PL. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change / Addition SD 2.1 TITLE TITLE **GALE, JANICE** 2.2 NAME NAME 9122 S.W. 78TH PL. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CAY-ST-ZIP DELETE Change Addition TITLE 5.1 7H LE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

FILED

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or true of 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 in or an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: