03-10-1999 90060 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F18133

1. Corporation Name					
THE GEHL CORPORATION					
Principal Place of Business Mailing Address					
888 SE 3 AVE 888 SE 3RD AVENUE					•
STE 201 #201 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316					DO NOT WRITE IN THIS SPACE
US US					3. Date Incorporated or Qualifed
					02/02/1981
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-2132342 Not Applicable
		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired Serviced Fee Required
		27 City 9, 84-4-	City & State		
City & State		— ·	¬ '		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 Zip	Country		This corporation owes the current year Intangible
24	25 29 30		¬ ′		Personal Property Tax.
	9. Name and Address of Currer		"		10. Name and Address of New Registered Agent
			81	Name	
GEHL, JOSEPH E			82	Street Add	ress (P.O. Box Number is Not Acceptable)
	SE 3RD AVENUE SUITE #201			Oli COL 7 IQQI	
FT. L	AUDERDALE FL 33316		83		<u> </u>
			84	City	85 Zip Code
					FL s s s s s s s s s
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named corp the corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	da Statutes		,
SIGNATURE					ad when reinstating) DATE
12.	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	GEHL, JOSEPH E		1.2 NAME		,
STREET ADDRESS	1120 SE 6TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP	
TMLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ĺ	
CITY-ST-ZIP	- 2"		3.4. CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE			41TITLE		
NAME			4. 2 NAME 4.3 STREET	r ADDDESS	•
STREET ADDRESS			4		•
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S	1-2117	☐ Change ☐ Addition
NAME (52 NAME		2 • 2
STREET ADDRESS			5.3 STREET	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	TADORESS	

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 suppliemental 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 receive for 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, with all other like empowered.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #