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CORPORATION ANNUAL REPORT
1995

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

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DIVISION OF CORPORATIONS
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DOCUMENT # K45149 (7)

1. Corporation Name
MICHAEL R. CALE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MICHAEL R. CALE<br>1013 ISLAND SHORES DR.<br>W. PALM BCH. FL 33413<br>US<br>217 A FOXTAIL DR<br>WPB, FL<br>33415 | C/O MICHAEL R. CALE<br>1013 ISLAND SHORES DR.<br>W. PALM BCH. FL 33413<br>US<br>217A FOXTAIL DR<br>WPB, FL<br>33415 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/15/1988 | 3a. Date of Last Report: 06/07/1994 |
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| 4. FEI Number: 65-0100551 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State (23) | City & State (28) |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip (24) / Country (25) | Zip (29) / Country (30) |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

CALE, MICHAEL R.
1013 ISLAND SHORES DR.
W. PALM BCH. FL 33413

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: (X) Michael R. Cale President, MICHAEL R. CALE, INC. 3/8/95
(If above, type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | CALE, MICHAEL R. | 12 NAME | |
| STREET ADDRESS | 5161 S.W. 6TH CT | 13 STREET ADDRESS | 217 A FOXTAIL DR |
| CITY-ST-ZIP | MARGATE FL | 14 CITY-ST-ZIP | W.P.B., FL. 33415 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I (we) hereby certify that the information supplied with this form(s) is voluntarily furnished and 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, added or deleted.

SIGNATURE: (X) Michael R. Cale PRESIDENT, 3/8/95 407-434-2906
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Title) (Daytime Phone #)

0202160 CP