

FILED

Jun 02 1998 8:00am

Secretary of State

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

|                                              |                                                                                   |                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra S. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** P93000035599  
 1. Corporation Name **GAYLE'S PLAZA, INC.**

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>17625 N.W. 27th AVE.<br/>MIAMI, FLORIDA 33056</b> | Mailing Address<br><b>293 EGRET LANE<br/>WESTON, FLORIDA 33327</b> |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                          |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suito. Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 <b>33056</b> | 2a. Mailing Address<br>26 <b>293 EGRET LANE</b><br>27 Suito. Apt. #, etc.<br>28 City & State<br>29 Zip<br>30 <b>33327</b> |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05-17-93</b>                                                                                                                    | 4. FEI Number<br><b>65-0411118</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | <b>\$8.75 Additional Fee Required</b> |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00 May Be Added to Fees</b>    |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                                                        |

9. Name and Address of Current Registered Agent  
**MONICA GAYLE**  
**293 EGRET LANE**  
**FORT LAUDERDALE, FLORIDA 33327**

|                                                                                |
|--------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent                                   |
| 81 Name<br><b>MONICA GAYLE</b>                                                 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>293 EGRET LANE</b> |
| 83 City<br><b>FORT LAUDERDALE, FLORIDA 33327</b>                               |
| 84 City<br><b>FL</b>                                                           |
| 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 *Monica Gayle*

|                                                |
|------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <b>MONICA GAYLE - PRES.</b>                    |
| <b>293 EGRET LANE</b>                          |
| <b>FORT LAUDERDALE, FLORIDA 33327</b>          |

|                                                            |
|------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP |
| <b>RONALD GAYLE JR.</b>                                    |
| <b>293 EGRET LANE - SECRETARY</b>                          |
| <b>WESTON, FLORIDA 33327</b>                               |

|                                                |
|------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <input type="checkbox"/> DELETE                |

|                                                            |
|------------------------------------------------------------|
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP |
| <b>RYAN GAYLE - TREASURER</b>                              |
| <b>293 EGRET LANE</b>                                      |
| <b>WESTON, FLORIDA 33327</b>                               |

|                                                |
|------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <input type="checkbox"/> DELETE                |

|                                                              |
|--------------------------------------------------------------|
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP   |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |

|                                                |
|------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <input type="checkbox"/> DELETE                |

|                                                            |
|------------------------------------------------------------|
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP |
| <b>600002549826</b>                                        |
| <b>-06/05/98--01098--049</b>                               |
| <b>***150.00</b>                                           |

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|------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| <input type="checkbox"/> DELETE                |

|                                                              |
|--------------------------------------------------------------|
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP   |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |

|                                 |
|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS |
| <input type="checkbox"/> DELETE |

|                                                              |
|--------------------------------------------------------------|
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP   |
| <input type="checkbox"/> Change <input type="checkbox"/> Add |

*Monica Gayle*

I am familiar with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized officer or director of this corporation and that my name appears in the annual report as required by Chapter 007, Florida Statutes; and that my name appears in the annual report as required by Chapter 007, Florida Statutes.

CR2E034 (1097)