

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

**FILED**

**May 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000088397 (3)**  
1. Corporation Name  
**GALE INDUSTRIES, INC.**



Principal Place of Business <b>2339 BEVILLE ROAD DAYTONA BEACH FL 32119 US</b>	Mailing Address <b>2339 BEVILLE ROAD DAYTONA BEACH FL 32119 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 c/o Tax Department</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 21001 Van Born Road</b>
City & State <b>23</b>	City & State <b>28 Taylor, MI</b>
Zip <b>24</b>	Country <b>25</b>
<b>29 48180</b>	<b>30 US</b>

3. Date Incorporated or Qualified <b>12/28/1993</b>	
4. FEI Number <b>59-3214406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P LEMERAND, L. GALE</b>	1.2 NAME	
STREET ADDRESS	<b>1124-G BEVILLE ROAD</b>	1.3 STREET ADDRESS	<b>2339 Beville Road</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVS GARGARO, EUGENE A JR</b>	2.2 NAME	
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAYLOR MI 48180</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVST MOSTELLER, RICHARD G</b>	3.2 NAME	<b>DVTAS</b>
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAYLOR MI 48180</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V DORAN, DAVID A</b>	4.2 NAME	
STREET ADDRESS	<b>21001 VAN BORN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAYLOR MI 48180</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT D'ATOMO, ANTHONY</b>	5.2 NAME	
STREET ADDRESS	<b>1124-G BEVILLE ROAD</b>	5.3 STREET ADDRESS	<b>2339 Beville Road</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	5.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V DEMARIE, DONNIE</b>	6.2 NAME	<b>Donald DeMarie, Jr.</b>
STREET ADDRESS	<b>1124-G BEVILLE ROAD</b>	6.3 STREET ADDRESS	<b>2339 Beville Road</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	6.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>

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 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, or on an attachment with an address.

David A. Doran 4/28/98 313/274-7400

CP2E034 (10/97)