

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 020 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P93000088397

1. Corporation Name
GALE INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2339 BEVILLE ROAD DAYTONA BEACH FL 32119 US	Mailing Address C/O TAX DEPARTMENT 21001 VAN BORN ROAD TAYLOR MI 48180 US
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3. Date Incorporated or Qualified 12/28/1993	4. FEI Number 59-3214406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3214406
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
Zip 24	Country 29	8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LEMERAND, L. GALE	1.2 NAME	
STREET ADDRESS	2339 BEVILLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVS GARGARO, EUGENE A JR	2.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI 48180	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D V T A S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVTA MOSTELLER, RICHARD G	3.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI 48180	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DORAN, DAVID A	4.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAYLOR MI 48180	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT D'ATTOMO, ANTHONY	5.2 NAME	
STREET ADDRESS	2339 BEVILLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DEMARIE, DONNIE	6.2 NAME	
STREET ADDRESS	2339 BEVILLE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	6.4 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 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, with all other like empowered.

SIGNATURE: David A. Doran Date: 4/22/99 313/274-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)