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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000045311 (5)

GALE FORCE INDUSTRIES, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2263 NW 2ND AVE #205 2263 NW 2ND AVE #205 **BOCA RATON FL 33431** BOCA RATON FL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3249914 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 This corporation owes or has paid the current year Intangible Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MULLIN, JAMES G 2263 NW 2ND AVE #205 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City Zip Code 85 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) Signature, typod or printed hamo of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition □ DELETE 1.1 TITLE Change TITLE DREHER, ROBERT J 1.2 NAME NAME 2263 NW 2ND AVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA FIATON FL 33431** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ... Addition TITLE 2.1 TITLE DREHER, CYNTHIA L 2.2 NAME NAME 2263 NW 2ND AVE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition R 1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OA MANAIL 1000/ STAISOTULISE