SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999

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

L

DOCUMENT # P94000082941

1. Corporation Name

MCHALE, INCORPORATED

Principal Place of Business	Mailing Address
6859 LAUREL VALLEY DR. FT. WORTH TX 76132 US	6859 LAUREL VALLEY DR. FT. WORTH TX 76132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994

2. Principal Place of Business	2a. Mailing Address Kashyap D. Bakhai
21	26 C/o Morrison, Brown, Argia
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 9th Floor 1001 Brickell Bay Dr.
City & State 23	City & State 28 Miami, FL
Zip 24 / Country 25	Zip 29 33131 / Country 30 US

4. FEI Number: 65-0538245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KASHYAP, D. BAKHAI
C/O MORRISON, BROWN, ARGIA & CO.
1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCHALE, JOHN J		1.2 NAME	
STREET ADDRESS	6859 LAUREL VALLEY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76132		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 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	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 7/10/99 817-370-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

595170-9001226
P 940000082941

certified public accountants + COMPANY

July 15, 1999

Please reply to Miami office

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: McHale, Inc.
FEI number 65-0538245

Dear Sir or Madam:

Enclosed, please find the 1999 Profit Corporation Annual Report for McHale, Inc. along with a check for $150.00 to cover the filing fee. Neither the corporate officer nor the registered agent received the first notice. In a phone call with personnel in your office, I was informed that you would abate the late filing fee in cases where the first notice was not received. I respectfully request that you abate the late filing fee and accept the $150.00 payment.

Please note that we have changed the mailing address in Section 2a of the report. This change should prevent any future problems with receiving the report on time.

Please call me at extension 233 if you have any questions.

Sincerely yours,

ELAINE TURNER, CPA

Enclosures

1001 Brickell Bay Drive, 9th Floor, Miami, Florida 33131 phone 305.373.5500 fax 305.373.0056 http://www.mba-cpa.com

1600 Stout Street, 11th Floor, Denver, Colorado 80202 phone 303.615.9500 fax 303.615.9572