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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90071 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000001480

1. Corporation Name
JACK GALE, INC.

Principal Place of Business

2241 NE 201ST ST
N MIAMI BEACH FL 33180

Mailing Address

2241 NE 201ST ST
N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

65-0734658

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 Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3319 SW WOOD CREEK TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 3319 SW WOOD CREEK TRAIL
Suite, Apt. #, etc.

City & State

23 PALM CITY FL

City & State

28 PALM CITY FL

Zip

24 34990

Country

Zip

29 34990

Country

30

9. Name and Address of Current Registered Agent

LOVEY, GALE
2241 NE 201 ST
SUITE 224
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (R.O. Box Number is Not Acceptable)

3319 SW WOOD CREEK TRAIL

83

84 PALM CITY

FL

85 Zip Code
34990

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GALE, JACK
2241 NE 201ST ST
MIAMI FL 33180

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GALE, LOVEY
2241 NE 201ST ST
MIAMI FL 33180

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

3319 SW WOOD CREEK TRAIL
PALM CITY FL 34990

☒ Change

☐ Addition

3319 SW WOOD CREEK TRAIL
PALM CITY FL 34990

☐ Change

☐ Addition

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☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 561-219-7874
Date Daytime Phone #

CR2E034 (11/98)