

DOCUMENT # P99000048111

1. Entity Name

SUSAN GALE & ASSOCIATES INC.

01-20-2000 90081 007 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
130 MARTIN CIRCLE ROYAL PALM BEACH FL 33411	130 MARTIN CIRCLE ROYAL PALM BEACH FL 33437-2726

2. Principal Place of Business 9200 Talway Circle Suite, Apt. #, etc.	3. Mailing Address 9200 Talway Circle Suite, Apt. #, etc.
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City & State	Boynton Beach FL	City & State	Boynton Beach FL
Zip	33437	Zip	33437
Country	Palm Beach	Country	Palm Beach

4. FEI Number 05-092372	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BURNS, SUSAN 130 MARTIN CIRCLE ROYAL PALM BEACH FL 33411	Name
	Street 9200
	City Boynton
	State FL

7. Name and Address of New Registered Agent

PO Box 10000 (if None is None acceptable)

Tollway Circle

ton Beach

FL | Zip Code 33437

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	President Vice President, Secretary, Treasurer			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUSAN BURNS			NAME			
STREET ADDRESS	9200 JALWAY CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 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

Date _____

Daytime Phone #

CR2E034 (9/99)