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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **692804** **(8)**

1. Corporation Name
~~CARLTON WILBERT VAULTS, INC~~ Hicks Industries, Inc.
NC
2-9-98

Principal Place of Business	Mailing Address
13399 NW 113 AVE ROAD MIAMI FL 33178	13399 NW 113 AVE RD HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21):	**2a.** Mailing Address (26): 13399 N.W. 113 Ave. Rd.	**3.** Date Incorporated or Qualified: 06/30/1981
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):	**4.** FEI Number: 59-2112812 ☐ Applied For ☐ Not Applicable
City & State (23):	City & State (28): Miami, FL	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24): Country (25):	Zip (29): 33178 Country (30): U.S.	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKS, DANIEL
13399 N. W. 113TH AVE RD
MIAMI FL 33178

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 Daniel J Hicks Daniel J. Hicks, President/Secretary 3-5-98
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	PS	☐ DELETE
NAME	HICKS, DANIEL J.	
STREET ADDRESS	20521 S.W. 50 PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	☐ DELETE
NAME	HATFIELD, STEPHEN	
STREET ADDRESS	20521 S.W. 50 PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	☐ DELETE
NAME	CONSTANCE HICKS	
STREET ADDRESS	20521 S.W. 50 PLACE	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100002454991	☐ Change ☐ Addition
5.2 NAME	-03/12/98--01016--035	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	3-12	

CR2E034 (10/97)

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] Stephen Hatfield, VP 03/03/98 (305) 556-5402