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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000002353 (9)

1. Corporation Name
HAYMARKET ANTIQUES & DESIGNS, INC.



Principal Place of Business Mailing Address
P.O. BOX 2178 ARCADIA FL 33821 P.O. BOX 2178 ARCADIA FL 34265-2178

3. Date Incorporated or Qualified **05/15/1995** 3a. Date of Last Report **05/01/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 38-2408511	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 9584 N.E. Williams Ave.		2a. Mailing Address 9584 N.E. Williams Ave		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State ArCADIA, FL		City & State ArCADIA, FL		Zip 34266		Country	
City & State		City & State		Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent LOWE, DARLENE B 1884 N.E. WILLIAMS ROAD ARCADIA FL 33821				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 9584 N.E. Williams Ave.			
83				84 City ArCADIA			
85 Zip Code 34266				86 State FL			

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PCD LOWE, DARLENE B 1884 N.E. WILLIAMS ROAD ARCADIA FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PCD Lowe, Darlene B. 9584 N.E. Williams Ave. ArCADIA, FL 34266
TITLE <input type="checkbox"/> DELETE	V WYANT, DOUGLAS R 60525 DECATUR ROAD CASSOPOLIS MI	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V Wyant, Douglas R. 58627 Decatur Rd. Cassopolis, MI 49031
TITLE <input type="checkbox"/> DELETE	S WYANT, TY R 60525 DECATUR ROAD CASSOPOLIS MI	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S Wyant, Ty R. 58627 Decatur Rd. Cassopolis, MI 49031
TITLE <input type="checkbox"/> DELETE	T SCHRODER, KATHY J 3289 N.E. APPALOOSA STREET ARCADIA FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T Browning, Kathy J. Same
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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: *Kathy J. Browning* **Kathy J. Browning, Treasurer** 3-31-97 941-494-1108

CR2E034 (9/96)