

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley M. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J37167 (0)**  
1. Corporation Name  
**HAIK CORP.**



2. Principal Place of Business  
**275 RAVINE STR  
JACKSONVILLE FL 32206  
US**

3. Mailing Address  
**275 RAVINE STR  
JACKSONVILLE FL 32206  
US**

3. Date first incorporated or qualified: **10/01/1986** 3a. Date of last report: **01/19/1995**

4. FEI Number: **NOT APPLICABLE** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. **275 RAVINE STREET**  
22. **JACKSONVILLE, FLORIDA**  
23. **32206** 24. **U.S.A.**  
25. **U.S.A.**  
26. **275 RAVINE STREET**  
27. **JACKSONVILLE, FLORIDA**  
28. **32206** 29. **U.S.A.**  
30. **U.S.A.**

9. Name and Address of Current Registered Agent

**BAREDIAN, ARTHUR H.  
275 RAVINE STR  
JACKSONVILLE FL 32206**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Section 607.011(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of the corporation 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 the only individual named in the corporation's articles of incorporation, Florida Statutes.

SIGNATURE: **ARTHUR H. BAREDIAN** *Arthur H. Baredian* **1/18/96**

12. OFFICERS AND DIRECTORS

|  |                                  |
|--|----------------------------------|
| SD   | <input type="checkbox"/> DELETED |
| BAILEY, JAMES<br>1530 GEMINI CT<br>ORANGE PARK FL          |                                  |
| PD   | <input type="checkbox"/> DELETED |
| BAREDIAN, ARTHUR H<br>275 RAVINE STR<br>JACKSONVILLE FL    |                                  |
| VD   | <input type="checkbox"/> DELETED |
| BAILEY, LINDA SUSAN<br>1530 GEMINI COURT<br>ORANGE PARK FL |                                  |
|  | <input type="checkbox"/> DELETED |
|  | <input type="checkbox"/> DELETED |
|  | <input type="checkbox"/> DELETED |
|  | <input type="checkbox"/> DELETED |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 11 NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11 STREET ADDRESS   |   |
| 11 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 NAME             |   |
| 21 STREET ADDRESS   |   |
| 21 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME             |   |
| 31 STREET ADDRESS   |   |
| 31 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 NAME             |   |
| 41 STREET ADDRESS   |   |
| 41 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 NAME             |   |
| 51 STREET ADDRESS   |   |
| 51 CITY, STATE, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is true and correct, and I do not qualify for the exemption stated in Section 199.07(1)(a), Florida Statutes. I further certify that the information published in 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. The filing officer or clerk of the Department shall deliver or forward empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes or additions listed with an address.

SIGNATURE: *Arthur H. Baredian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**

CR2E034 (12/95)