

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

FILED

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

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000073599 (0)
1. Corporation Name
HALEY LAUREN INCORPORATED



| | |
|--|---|
| Principal Place of Business 1775 EDNA DRIVE ST. CLOUD FL 34771 | Mailing Address 1775 EDNA DRIVE ST. CLOUD FL 34771-9746 |
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|---|--|--|--|
| 2. Principal Place of Business 21 1775 Edna Drive Suite, Apt. #, etc | 2a. Mailing Address 26 1775 Edna Dr Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 10/03/1994 | 3a. Date of Last Report 06/14/1996 |
| 22 City & State 23 St Cloud FL | 27 City & State 28 St Cloud FL | 4. FEI Number Employer ID# NOT APPLICABLE 59-3400697 | Applied For Not Applicable |
| 24 Zip 34771 | 25 Country Osceola | 29 Zip 34771 | 30 Country Osceola |
| 9. Name and Address of Current Registered Agent TIFFANY, CHARLES B 120 BROADWAY, SUITE 203 KISSIMMEE FL 34741 | | 10. Name and Address of New Registered Agent | |

| | |
|---|--------------------------------|
| 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 | |

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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBETT, KAREN C | 1.2 NAME | |
| STREET ADDRESS | 1775 EDNA DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORBETT, WILLIAM S | 2.2 NAME | |
| STREET ADDRESS | 1775 EDNA DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, LINDA D | 3.2 NAME | |
| STREET ADDRESS | 5900 E IRLON BRONSON | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, JAMES H | 4.2 NAME | |
| STREET ADDRESS | 5900 E IRLON BRONSON | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: Karen C Corbett **REQUIRED** 1-27-97 407-891-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)