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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000073599 (0) DOCUMENT #

HALEY LAUREN INCORPORATED

Principal Place of Business Mailing Address 1775 EDNA DRIVE 1775 EDNA DRIVE 8T. CLOUD FL 34771 ST. CLOUD FL 34771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-3400697 26 Not Applicable Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TIFFANY, CHARLES B **B1** Name 120 BROADWAY, SUITE 203 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 83 84 City 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, typed or printed name of registered agent and title if a policable when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. \_\_\_ DELETE 1.1 TITLE Change Addition TITLE CORBETT, KAREN C NAME 1.2 NAME 1775 EDNA DRIVE 1.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE CORBETT, WILLIAM S 2.2 NAME 1775 EDNA DRIVE STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE CLARKE, LINDA D NAME 3.2 NAME 5900 E IRLO BRONSON STREET ADDRESS 3.3 STREET ADDRESS ST. CLOUD FL CITY-ST-Z#P 34. CITY-ST-ZIP DELETE 4.1 TITLE \_\_\_ Addition TITLE CLARKE, JAMES H NAME 4. 2 NAME 5900 E IRLO BRONSON STREET ADDRESS 4.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 4.4 CITY - ST - 2IP

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.

5.1 TITLE

5 2 NAME

6 1 TITLE 62 NAME 6 3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

**FILED** 

May 08 1998 8:00am

Secretary of State

1001

Addition

Addition

☐ Change

Change