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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070989 (5)

THE HAYES NORTHLAKE BUILDING, INC.

## FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4365 NORTHLAKE BLVD 4365 NORTHLAKE BLVD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0606069 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAYES, NEIL J 81 Name 4365 NORTHLAKE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HAYES, NEIL J 1.2 NAME NAME 4365 NORTHLAKE BLVD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HAYES, REBECCA W. NAME 2.2 NAME 4365 NORTHLAKE BLVD STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE 3.2 NAME NAME STREET ADDRESS 3,3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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.