

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H01095** (9)
1. Corporation Name
3 OF A KIND, INC.



Principal Place of Business 387 S YONGE ST PO BOX 727 ORMOND BEACH FL 32175	Mailing Address 387 S YONGE ST PO BOX 727 ORMOND BEACH FL 32175
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 618 Ridgewood Ave Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 250787 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/27/1984	
22 City & State 23 Holly Hill, Florida Zip 24 32117		27 City & State 28 Holly Hill, Florida Zip 29 32125		4. FEI Number 59-2508920 Applied For <input type="checkbox"/> Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAYNES, A. DOYLE
115 PONCE DE LEON CIR.
PONCE INLET FL 32127**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, A DOYLE	1.2 NAME	
STREET ADDRESS	115 PONCE DE LEON CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, MICHAEL L	2.2 NAME	
STREET ADDRESS	387 S YONGE STREET	2.3 STREET ADDRESS	618 Ridgewood Ave
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, DAVID C	3.2 NAME	
STREET ADDRESS	5 HOLLY RIDGE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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:

APR 27 1998

CF2E034 (10/97)