

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

FILED

Mar 16 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 # 357101 (5)

1. Corporation Name
HAYES, POWER AND ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 857217
10878 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE 34985-7217

Mailing Address
P.O. BOX 857217
10878 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE 34985-7217



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1969	Applied For Not Applicable
4. FEI Number 59-2100833	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

POWER, JAMES S
10878 S. U.S. HWY #1
PT ST. LUCIE FL 33485-4217

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

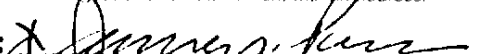
12. OFFICERS AND DIRECTORS

TITLE	P	NAME	POWER, JAMES S	<input type="checkbox"/> DELETE
STREET ADDRESS			1225 N.W. 21 ST., #2701	
CITY - ST - ZIP			STUART FL	
TITLE	S	NAME	POWER, MARJORIE	<input type="checkbox"/> DELETE
STREET ADDRESS			1225 N.W. 21 ST., #2701	
CITY - ST - ZIP			STUART FL	
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> DELETE
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: 

3/19/1998

CR2E034 (10/97)