

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 372916 (7)**  
 1. Corporation Name  
**HEYPAR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 824 S.E. 2ND ST. FT. LAUDERDALE FL 33301	Mailing Address 2100 S. OCEAN LN. APT 2112 FT. LAUDERDALE FL 33316
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3. Date Incorporated or Qualified  
**11/18/1970**

21 Principal Place of Business Suite, Apt. #, etc.	22 City & State Zip	25 Country	26 Mailing Address 2845 NE 27 ST	27 Suite, Apt. #, etc.	28 City & State Ft Lauderdale, FL	29 Zip 33306	30 Country Broward
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4. FEI Number  
**59-1310562**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HENRY, NOLA**  
 2100 S. OCEAN LANE  
 APT 2112  
 FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name **Henry, Nola**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2845 NE 27 ST**  
 83  
 84 City **Ft Lauderdale** **FL** 85 Zip Code **33306**

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 **Nola Henry** *Nola Henry* **1/14/98**  
 Signature, typed or printed name of registered agent and title if applicable. DATE  
 State Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NELSON, MARK 824 SE 2ND ST. FT. LAUDERDALE FL 33301 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NELSON, REGINA 824 SE 2ND ST. FT LAUDERDALE, FL 00000 33301 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST HENRY, NOLA 2100 SOUTH OCEAN LANE FT LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIDNELL, JACQUELINE H 2100 SOUTH OCEAN LN APT 2112 FT LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Henry, Nola  
 VPST  
 2845 NE 27 ST  
 Ft Lauderdale, Fla 33306  
 Change  Addition

Kidwell, Jacqueline H.  
 PRESIDENT  
 2845 NE 27 ST  
 Ft Lauderdale, Florida 33306  
 Change  Addition

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: *Nola Henry* **REQUIRED** VPST 1/14/98 9545243312

CR2E034 (10/97)