

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90036 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 372916

1. Corporation Name
HEYPAR, INC.



Principal Place of Business
 824 S.E. 2ND ST.
 FT. LAUDERDALE FL 33301

Mailing Address
~~2845 NE 27TH ST
 APT 2112
 FT. LAUDERDALE FL 33306
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1970

4. FEI Number
59-1310562 Applied For
 Yes 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
HENRY, NOLA
3845 NE 27TH ST
APT 2112
FORT LAUDERDALE FL 33306

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	NELSON, MARK	
STREET ADDRESS	824 SE 2ND ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NELSON, REGINA	
STREET ADDRESS	824 SE 2ND ST.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33301	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	HENRY, NOLA	
STREET ADDRESS	2845 NE 27TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIDNELL, JACQUELINE H	
STREET ADDRESS	2545 NE 27TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEATH, JACQUELINE H
4.3 STREET ADDRESS	10603 NE 120 ST
4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
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, with all other like empowered.

SIGNATURE: *[Signature]* Date: 2/24/99 Daytime Phone #: 954 5243312

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