

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497277 (4)

1. Corporation Name
HAYDEN-ROYAN, INC.

Principal Place of Business
30725 SOUTH FEDERAL HIGHWAY
HOMESTEAD FL 33030

Mailing Address
PO BOX 801489
HOMESTEAD FL 33080-1489
US



3. Date Incorporated or Qualified 02/24/1976
3a. Date of Last Report 01/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1654407		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

LEE, BRUCE
16891 SW 278 STREET
HOMESTEAD 33030

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CHAIRMAN, D
NAME	HAYDEN, JOSEPH P.	1.2 NAME	
STREET ADDRESS	12400 CLASSIC DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	P
NAME	LEE, BRUCE R	2.2 NAME	
STREET ADDRESS	16891 SW 278 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	D
NAME	HAYDEN, NANCY	3.2 NAME	LEE, SHARNE
STREET ADDRESS	12400 CLASSIC DR.	3.3 STREET ADDRESS	16891 S.W. 278 ST
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	HOMESTEAD, FL.
TITLE	S	4.1 TITLE	D
NAME	LEWIS, WILBUR	4.2 NAME	de laire, George
STREET ADDRESS	4822 NW 47 STREET	4.3 STREET ADDRESS	748 S. FEDERAL HWY # 10 D
CITY - ST - ZIP	TAMARAC FL	4.4 CITY - ST - ZIP	BOCA RATON, FL 33425
TITLE	T	5.1 TITLE	VP, T, S
NAME	ROYAN, ROY	5.2 NAME	
STREET ADDRESS	190 CAJUPUT DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Raymond S. Royan, Treas. 4/25/97 247-5114

CR2E034 (9/96)