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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746456** (3)

1. Corporation Name

HAYES GROUP HOME, INC.



Principal Place of Business HAYES GROUP HOME, INC. 1209 W. 10TH STREET RIVIERA BEACH FL 33404 US	Mailing Address 1209 W. 10TH STREET RIVIERA BEACH FL 33404-6616 US
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3. Date Incorporated or Qualified 03/27/1979
4. FEI Number 59-1981712
Applied For <input type="checkbox"/> Not Applicable

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
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent Hayer HAYER, RUBY L.S. 1209 W. 10TH STREET RIVIERA BEACH FL 33404	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	
NAME	PDT HAYES, RUBY LEE
STREET ADDRESS	1209 W. 10TH ST.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE <input type="checkbox"/> DELETE	
NAME	VD GIBSON, ANNIE L. PATTERSON
STREET ADDRESS	212 LAREN DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE <input type="checkbox"/> DELETE	
NAME	SD HARRISON, ORA MAE
STREET ADDRESS	900 - 3RD ST.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE <input checked="" type="checkbox"/> DELETE	
NAME	A DORSEY, MOLLIE
STREET ADDRESS	1650 W. 12TH COURT
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE <input type="checkbox"/> DELETE	
NAME	D MATTHEWS, LULA M.
STREET ADDRESS	620 W. 36TH STREET
CITY-ST-ZIP	RIVIERA BEACH FL
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (1097)