


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

FILED

May 06 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 # H33280 1. Corporation Name HAYLOFT TWO, INC.					
2. Principal Place of Business 4300 LEXINGTON FT. MYERS, FL 33905			Mailing Address 4300 LEXINGTON FT. MYERS, FL 33905		
2. Principal Place of Business 21 4300 LEXINGTON Suite, Apt. #, etc.		2a. Mailing Address 26 4300 LEXINGTON Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/10/84	
22 City & State 23 FT. MYERS, FL 24 Zip 33905		27 City & State 28 FT. MYERS, FL 29 Zip 33905		3a. Date of Last Report 4. FEI Number 59-1316999	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent PALMER, WINDELL K. 4300 LEXINGTON FT. MYERS, FL 33905		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					
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME P/D PALMER, WINDELL K. 1.3 STREET ADDRESS 4300 LEXINGTON 1.4 CITY-ST-ZIP FT. MYERS, FL 33905					
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME V/P MUSCO, MICHELLE P. 2.3 STREET ADDRESS 4701-21 LAKESIDE CLUB N.E.APT#3 2.4 CITY-ST-ZIP FT. MYERS, FL 33905					
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME S/T PALMER, PATRICIA J. 3.3 STREET ADDRESS 4300 LEXINGTON 3.4 CITY-ST-ZIP FT. MYERS, FL 33905					
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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 contained 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. WINDELL PALMER PRESIDENT SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)

Handwritten: 10W 5-6-97

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*****165.00**

Handwritten: 4/28/97 (94) 694-4916
 Date Daytime Phone #