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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 # H34936 (5) 1. Corporation Name HAYWARD AND ASSOCIATES A FLORIDA CORPORATION			
Principal Place of Business 5915 MEMORIAL HWY SUITE K TAMPA FL 33615		Mailing Address 5915 MEMORIAL HWY SUITE K TAMPA FL 33615-5008	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent HAYWARD, WILLIAM A., SR. 5915 MEMORIAL HWY SUITE K TAMPA FL 33615		10. Name and Address of New Registered Agent 81 Name William A. Hayward Jr 82 Street Address (P.O. Box Number is Not Acceptable) 5915 MEMORIAL Highway 83 SUITE K 84 City Tampa FL 85 Zip Code 33615	
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 <i>William A. Hayward Jr</i> DATE 4/30/97 <small>Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP D HAYWARD, W.A., JR. 4015 STARFISH LANE TAMPA FL VD HAYWARD, WILLIAM A., SR. 4021 STARFISH LANE TAMPA FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 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)(f), 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: <i>William A. Hayward Jr</i> DATE Apr 30 1997 DAYTIME PHONE 813 813 813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)