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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | MENT # H88244 HAW REALTY, INC. | 4 (9) | | | | | |
|--|---|---|-----------------------------|---|---|---|-------------------------|
| Principal Place of Business 920 W ZEPHYR ST P O BOX 1975 INVERNESS FL 32651 | | Mailing Address 920 W. ZEPHYR ST. P O BOX 1975 INVERNESS FL 34451-1975 | | - CONTRACT BIOLIDION SUND INDIA OTOM TROUGH | (1 219)) 919) 919)1 819(1 9 | IEAF IEFDE | |
| US | | US | | | 3. Date Incorporated or Qualified 12/05/1985 | 3a. Date of Last Re 03/07/1996 | port |
| | lace of Business | 2a. Malling Address | | | 4. FEI Number 59-2610675 | App | plied For Applicable |
| Suite, Apt | #. etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | \$8.75 A | dditional |
| City & State | 0 | City & State | | 6. Election Campaign Financing | \$5.00 | | |
| Zip Country | | | | Trust Fund Contribution Added to Fees 8. This corporation has liability for injurgible tax under s. 199.032, | | | |
| 24 | 25 9. Name and Address of Curre | 29 | 30 | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| PLAI | ISTED, NANCY L. | it Registered Agent | 8 | 1 Name | 10, Name and Address of New Negit | itereo Agent | |
| | W. ZEPHYR ST. ERNESS FL 34451 | | 8 | 2 Street Add | ress (P.O. Box Number is Not Acceptable |) | |
| IIIAE | iniego el 3440 i | | 8 | 3 | | | |
| | | | 8 | 4 City | | FL 85 Zip C | ode |
| office or nagent. I as | to the provisions of Sections 607-Use egistered agent, or both, in the State in familiar with, and accept the oblig Styratus, typed or proced rains of registered ag | e of Florida. Such change was lations of, Section 607.0505. Fl | authorized lorida Statut | by the corpora es. | poration submits this statement for the pur tion's board of directors. I hereby accept to red when reinstating) | pose of changing its the appointment as r | egistered |
| 12. | OFFICERS AN | ID DIRECTORS DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS Change | S IN 12 |
| NAME | PLAISTED, NANCY L. | | 1.2 NAME | | | | |
| STREET ADDRESS | 920 W. ZEPHYR STREET INVERNESS FL | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | INVENICOS FL | DELETE | 1.4 CITY 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 2 2 NAM | ì | | _ • | |
| STREET ADURESS | | | 2 3 STRE | ET ADDRESS | | - | |
| CITY-ST-ZIP TITLE | | DELFTE | 2. 4 CITY 3.1 TITLE | (-ST-ZIP | | Change | Addition |
| NAME | | (becert | 3.2 NAM | | | L. Criange | LL Addition |
| STREET ADDRESS | | | I | ET ADDRESS | | | |
| CHY-ST-ZIP | *** | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | L Change | Addition |
| NAME OTDEST ADDRESS | | | 4. 2 NAN | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | |
| CITY - ST - ZIP TITLE | | DELETE | 51 TITLE | | | Change | Addition |
| NAME | | | 52 NAM | E | | • | |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | | |
| CITY - SI - ZIP | ************************************** | | 5.4 CITY | | | ····· | |
| TIFLE | | ☐ DELETE | 6.1 TITLE | i | | ☐ Change | Addition |
| NAME | | | 6.2 NAM | ì | • | | |
| STREET ADDRESS | | | | EET ADDRESS | | | |
| City-St-ZiP | by certify that the information supplie | ed with this filing does not qual | 6.4 City lify for the e | | d in Section 119.07(3)(i), Florida Statutes. | I further certify that t | ihe |
| informatio Lam an o | on indicated on this annual report or | supplemental annual report is in the receiver or trustee empor | true and ac wered to ex- | curate and tha | it my signature shall have the same legal or ort as required by Chapter 607, Florida Sta | effect as if made und | der oath; that |

SIGNATURE

SIGNATURE AND FUED OR PRINTED NAME OF SIGNING

WANCY CER OR DIRECTOR C. PLAISTED

1/14/97

FILED

Jan 22 1997 8:00am

Secretary of State

852-344-418 Daylime Phone #