

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J29747

(9)

1. Corporation Name
LARRY HYER INC.



Principal Place of Business

Mailing Address

2575 LAKE AVE
SUNSET ISLAND #2
PALM BEACH FL 33140
US

2575 LAKE AVE.
SUNSET ISL #2
MIAMI BEACH FL 33140
US

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #

State Apt. #

22

27

City & State

City & State

23

28

MIAMI BEACH FL

24

29

Zip

Country

9. Name and Address of Current Registered Agent

GAPSTUR, LENNE A.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office from the place of business 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 the only person who can accept the responsibility of the corporation under the Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

[] DELETE

D
HYER, LARRY
2575 LAKE AVE
MIAMI BEACH FL
ST
KLAREN, PHILIP J.
2575 LAKE AVE
MIAMI BEACH FL

[] DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, STATE, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, STATE, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, STATE, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, STATE, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, STATE, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, STATE, ZIP

35 TITLE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I, the undersigned, certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent or broker empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13. I am not a change of address filing with the address.

SIGNATURE:

Philip J. Klaren PHILIP J. KLAREN

SEC/TRES

1-15-96

305-672-0879

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)