

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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J74541** (0)
1. Corporation Name
DAVID HAYES ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3235 NW 64TH ST BOCA RATON FL 33496 US	7411 ANNAPOLIS LANE 2411 ANNAPOLIS LANE PARKLAND FL 33067 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 7504 Niles Road		05/27/1987	
22 City & State		27 Suite 101		4. FEI Number	
23 Zip		28 Coral Springs, FL		59-2820417	
24 Country		29 33067		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLGAN, JAMES F. 7411 ANNAPOLIS LANE PARKLAND FL 33067		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, DAVID A.	1.2 NAME	
STREET ADDRESS	3235 NW 64TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	PSTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EASTWICK, KATHLEEN A	2.2 NAME	
STREET ADDRESS	3235 NW 64TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLGAN, JAMES F	3.2 NAME	
STREET ADDRESS	7411 ANNAPOLIS LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James F. Colgan *James F. Colgan* 1/15/98 (954) 283-3324

CR2E034 (10/97)