


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90068 031 ***158.75

0193590

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # K06786 | | | | | |
| 1. Corporation Name HAYHURST & ASSOCIATES, INC. | | | | | |
| Principal Place of Business 2601 S BAYSHORE DR. STE 250 COCONUT GROVE FL 33133 US | | | Mailing Address 2601 S BAYSHORE DR. STE 250 COCONUT GROVE FL 33133 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/14/1987 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0015604 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent HAYHURST, PATRICIA 2601 S. BAYSHORE DR SUITE 250 COCONUT GROVE FL 33133 | | | 10. Name and Address of New Registered Agent | | |
| | | | 81 | Name | |
| | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | 83 | | |
| | | | 84 | City | 85 Zip Code FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PCEO | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAYHURST, PATRICIA I | | 1.2 NAME | | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE - SUITE 250 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | EVP | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ESPINOSA, ILEANA | | 2.2 NAME | | |
| STREET ADDRESS | 2601 S BAYSHORE DR., SUITE 250 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT GROVE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SVP | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CENTANO, MICHAEL | | 3.2 NAME | | |
| STREET ADDRESS | 6616 S.W. 127TH CT. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SVP | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARDO, MARIBEL | | 4.2 NAME | | |
| STREET ADDRESS | 18703 N.W. 77TH PL | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 305-857-0222
Date Daytime Phone #

CR2E034 (11/98)