

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

FILED

Jan 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K09703 (5)**  
 1. Corporation Name  
**HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.**



Principal Place of Business <b>OTERO MULLIN &amp; TOMLIN PA</b> <b>75 VALENCIA AVE 4TH FL</b> <b>CORAL GABLES FL 33134</b> <b>US</b>	Mailing Address <b>OTERO MULLIN &amp; TOMLIN PA</b> <b>75 VALENCIA AVE 4TH FL</b> <b>CORAL GABLES FL 33134-6141</b> <b>US</b>
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3. Date Incorporated or Qualified <b>12/29/1987</b>	3a. Date of Last Report <b>03/05/1996</b>
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2. Principal Place of Business 21 <b>910 T.J. MULLIN</b>	2a. Mailing Address 26 <b>SAME AS PRINCIPAL</b>
Suite, Apt. #, etc. 22 <b>2655 LeJeune Rd., PH2</b>	Suite, Apt. #, etc. 27 <b>PLACE OF BUSINESS</b>
City & State 23 <b>CORAL GABLES</b>	City & State 28
Zip 24 <b>33134</b>	Country 25 <b>DADE</b>
Country 29	Zip 30

4. FEI Number <b>59-1774581</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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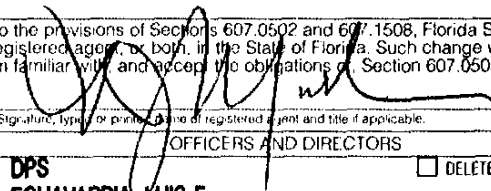
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>OTERO, MULLIN &amp; TOMLIN</b> <b>75 VALENCIA AVE.</b> <b>SUITE 400</b> <b>CORAL GABLES FL 33134</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>TERRANCE J. MULLIN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2655 LeJeune Rd., PH-2</b>	
83	
84 City <b>FL</b>	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  DATE **1-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>910 T.J. MULLIN, 2655 LeJeune Rd., PH2</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>910 T.J. MULLIN, 2655 LeJeune Rd., PH2</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do 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:  DATE **1/25/97**

CR2E034 (9/96)