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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1998 8:00am

Secretary of State

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an tie this report as required by Chapter 607, Florida Statutes; and that my name appears in

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LANGUAGE PROPERTY AND ADDRESS OF THE PROPERTY OF TH

K09703

(5)

HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual reporting or director of the corporation or the eceiver or trusts Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

Principal Place of Business Mailing Address]	TILL BIRKS DINT	3 4 14 31 4 4 18 6 6	BI 4 8 6 6 8
C/O TJ MULLIN		C/O T J MULLIN							
2655 LEJEUN	= -	2655 LEJEUNE RD. PH	2655 LEJEUNE RD. PH2			DO NOT IMPITE IN THIS COACE			
CORAL GABLES FL 33134 CORAL GABLES FL 33			34			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
03		00				12/29/1987	l		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				59-1774581			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired			Required
City & Stat	te	City & State	•			6. Election Campaign Financing		\$5.00) May Be
23		28				Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes or has p	-	_	_ ~
24	25 25 Name and Address of Curren	29	30			Personal Property Tax due Jun			No
h de		t Registered Agent	8	Name	`	10. Name and Address of New R	tegistered	Agent	
	JLLIN, TERRANCE J		Ľ	Name	<i>5</i>				
	55 LEJEUNE RD, PH2		8	2 Street	t Addres	ss (P.O. Box Number is Not Accepta	able)		
60	PRAL GABLES FL 33134		8	3					
			Ľ						
			8	4 City		***	Ei	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607, 1508. Florida Stat	utes, the abo	ve-namer	d corpor	ration submits this statement for the	nurnose d	f changing i	its registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	s authorized I	y the co	rporatio	n's board of directors. I hereby acce	ept the app	ointment as	s registered
	un tamiliai with, and accept the obliga	adons of, Section 607.0505, I	rionda Statut	25.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (N	OTE, Registered A	ent signatur	re required	when rejectation	DATE		
12.	OFFICERS AND		13.	Jen o grada	ic required	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
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