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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K42196 (1)

1. Corporation Name
SOUTH FLORIDA HAY EXCHANGE, INC.

Principal Place of Business
12601 STATE RD 7
BOYNTON BEACH FL 33437

Mailing Address
12601 STATE RD 7
BOYNTON BEACH FL 33437-4723



3. Date Incorporated or Qualified 10/31/1988
3a. Date of Last Report 07/16/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FEI Number 65-0075022
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPROUL, DAN, A
12948 OKEECHOBEE BLVD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

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 | P | 1.1 TITLE | |
| NAME | CASE, JERRY | 1.2 NAME | |
| STREET ADDRESS | 12957 25TH STREET NORTH | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LOXAHATCHEE FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | SPROUL, DAN A | 2.2 NAME | |
| STREET ADDRESS | 48 CANDELNUT COURT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ROYAL PALM BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | V | 3.1 TITLE | |
| NAME | WALLEY, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 11225 68TH ST NORTH | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ROYAL PALM BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: *Dan A. Sproul* DAN A. SPROUL SEC. 1/11/97 561-637-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)