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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF CORPORA		TIONS	Secretary of State		
DOCU 1. Corporation	MENT # K4	2196	(1)				
SOUTH FLORIDA HAY EXCHANGE, INC.							
Principal Place of Business Mailing Address							
12601 STATE			1 STATE RD 7				
	EACH FL 33437		NTON BEACH FL 3343	37			DO NOT MOTE IN THE COACE
							DO NOT WRITE IN THIS SPACE.  3. Date Incorporated or Qualified
							10/31/1988
<b>├</b> ── `	lace of Business	2a. M	ailing Address				4. FEI Number Applied For
21 Suite Ast	#	26					65-0075022   Not Applicable
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required
City & Stat	e		City & State				Election Campaign Financing     \$5.00 May Be
23		28					Trust Fund Contribution
Zip Country Zip			· ⊢	Country			8. This corporation owes or has pald the current/year Intangible
24 25 29 30 30 9, Name and Address of Current Registered Agent							Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
SPROUL, DAN, A						me	10.
12948 OKEECHOBEE BLVD					2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)
LO LO	XAHATCHEE FL 33470		83				
				E	3		
				8	4 Cit	у	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo							
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  12. OFFICERS AND DIRECT						ature required	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	BEITO 7418 BITTEOTO	DELETE	1.1 TITL			Change Addition
NAME	CASE, JERRY			1.2 NAM	E		
STREET ADDRESS	12957 25TH STREET	NORTH		1.3 STRE	ET ADDRE	S\$	
CITY-ST-ZIP	LOXAHATCHEE FL			_	-ST-ZIP		
TITLE	ST		DELETE	2.1 TITLE		51	Change Addition
NAME STREET ADDRESS	SPROUL, DAN A 48 CANDELNUT COU	IDT		2.2 NAM		<u>_</u>	PROUL, DAN A. 026 SERENADE UN
CITY-ST-ZIP				2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		مُّ ا ```	OYAL PALM BEAGE FE
TITLE	V	<u> </u>	☐ DELETE	3.1 TITLE			Change Addition
NAME	WALLEY, MICHAEL			3.2 NAM	E	ĺ	
STREET ADDRESS	11225 68TH ST NOR			3.3 STRE	et adore	:SS	
CITY-ST-ZIP	ROYAL PALM BEACH	I FL	DELETE.		- ST- ZIP	_	Change Addition
TITLE NAME			L Decerc	4,1 TITLE 4, 2 NAM		ĺ	Change Addition
STREET ADDRESS				•	et addre	SS.	
CITY-ST-ZIP				4.4 CITY			
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAM	E		
STREET ADDRESS					ET ADDRE	ss	
CITY-ST-ZIP			DELETE	5.4 CTTY		_	Change Addition
TITLE NAME			C POTEIE	6.1 TTTLE 6.2 NAM			i change Modition
I TOWNE				0.2 (W/W	-	1	

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 chaliged, or or an an accument with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST- ZIP

56/ 637 0323

**FILED** 

Jan 30 1998 8:00am