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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K5397

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JOHN HALEY, P.A. Principal Place of Business Mailing Address % JOHN HALEY % JOHN HALEY 1607 N.E. 4TH PLACE 1607 N.E. 4TH PLACE FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-1319 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1988 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0091409 26 Not Applicable Suite, Apt. #. etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 5. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zιρ This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes ☐ Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALEY, JOHN 1607 N.E. 4TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or politec name of registered agent and this it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition TITLE 1.1 TITLE HALEY, JOHN NAME 1.2 NAME 1607 N.E. 4TH PLACE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 City - St - ZiP TITLE ☐ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-7-P 2 4 CITY-ST-ZIP DELETE Addition DITE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE 41 TITLE ☐ Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-7IP 4.4 City-St-ZiP DELETE Change Addition 5.1 TITLE TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CiTY - ST - ZIP

SIGNATURE:

G OFFICER OR DIREC

JAN 1 3 1997

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Jan 21 1997 8:00am

Secretary of State

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