

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K86892 (2)

1. Corporation Name
HATLEY AND THOMPSON, INCORPORATED

Principal Place of Business
2703 NW 98TH WAY
CORAL SPRINGS FL 33065

Mailing Address
2703 NW 98TH WAY
CORAL SPRINGS FL 33065

2. Principal Place of Business
21 3515 Washington Road

Suite, Apt. #, etc.

2a. Mailing Address

26 3515 Washington Road

Suite, Apt. #, etc.

22
23 City & State
West Palm Beach, Fl.

27 City & State

28 West Palm Beach, Fl.

24 Zip 33405
25 Country U.S.A.

29 Zip 33405

30 Country U.S.A.

9. Name and Address of Current Registered Agent

HATLEY, JOHN LESLIE
2703 NW 98TH WAY
CORAL SPRINGS FL 33065

81 Name John Leslie Hatley

82 Street Address (P.O. Box Number is Not Acceptable)
3515 Washington Road

83

84 City West Palm Beach FL 85 Zip Code 33405

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 John Leslie Hatley

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering)

1-6-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATLEY, JOHN LESLIE 2703 NW 98TH WAY CORAL SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, CAROLYN E. 2703 NW 98TH WAY CORAL SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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: Carolyn Elaine Thompson 1-6-98 (561) 366-9640

FILED
Jan 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1989

4. FEI Number
65-0122754

Applied For

Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (1097)