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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 22327

Corporation Name

NEIL J. HAYES, P.A.

•	
	 Mailing Address
Principal Place of Business	(Maining - 12-2-2
((morbo: Nees =:	ARCE NODTHI AKE

4365 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410

4365 NORTHLAKE BLVD.

FILED Feb 05, 1999 8:00am **Secretary of State**

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	BLVD.	PALM BEACH GARDENS FL 334	40	DO NOT, WRITE IN T	HIS SPACE
LM BEACH GAR	DENS FL 33410	· ·		3. Date Incorporated or Qualifed	
				10/11/1989	
				4. FEI Number	Applied For
Principal Place	e of Business	2a. Mailing Address		65-0147850	Not Applicab
Filliupai Fiau	√ • (− p − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1	26			\$8.75 Additional
Suite Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
onite! Whr. #*,	-	27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
City a State	•	28		8. This corporation owes the current ye	ear Intangible
	Country	Zip	Country	Personal Property Tax.	o les
Zip	25	29 30	<u> </u>	10. Name and Address of New Regist	tered Agent
	9. Name and Address of Curren	t Registered Agent	Od Namo	IU, Harrie with the	
	9. Name and the		81 Name		
HAYES	S, NEIL J.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
ASES I	NORTHLAKE BLVD.				[13] [15] (15] [16] [16] [16]
M IAC	BEACH GARDENS FL 33410		83		
LWFM	DECION OF WHICH IT		84 City		85 Zip Code
		11	1 1		top of changing its registers
وري .	r ve	on and 607 1508 Florida Statutes.	the above-named co	orporation submits this statement for the purpation's board of directors. I hereby accept the	appointment as registered
1. Pursuant to	the provisions of Sections 607.050	of Florida, Such change was auth	orized by the corpora	ation's board or directors, I hereby accept the	•
office or re	gistered agent, or both, in the State of familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes.	•	<u>, ' </u>
•			eletered Anont signature reco		
IGNATURE _		ent and title if applicable. (NOTE: Re	Alistered Aftern sidilerma red	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 1
IGHAL OLC	Signature, typed or printed name of registered ago		12	ADDITIONS/CHANGES TO ST. 19	
	Signature, typed or printed name of registered ago OFFICERS A	ND DIRECTORS	13.		☐ Change ☐ Ac
12.	OFFICERS A	ND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO STATE	☐ Change ☐ Ad
IZ.	OFFICERS A	ND DIRECTORS	1.1 TITLE 1.2 NAME		☐ Change ☐ Ad
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indicated on this annual report or supplemental annual report is true and accurate and trial my signature stand have the dath officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.