

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L29066 (2)
1. Corporation Name
HASEY CONSTRUCTION INC.



Principal Place of Business 106 S. SWINTON SUITE 260 DELRAY BCH FL 33444 US	Mailing Address 106 S. SWINTON SUITE 260 DELRAY BCH FL 33444 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 42 N Swinton Suite, Apt #, etc. 22 Suite II City & State 23 Del Ray Beach Zip 24 33444 Country	2a. Mailing Address 26 42 N Swinton Suite, Apt #, etc. 27 Suite II City & State 28 Del Ray Beach Zip 29 33444 Country	3. Date Incorporated or Qualified 11/13/1989	4. FEI Number 65-0165938 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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9. Name and Address of Current Registered Agent HASEY, MARTIN J. 106 S. SWINTON AVE. DELRAY BCH FL 33444	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite II 84 City 85 Zip Code
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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 _____ DATE 1/29/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	106 S. SWINTON AVE.	1.3 STREET ADDRESS	42 N Swinton Suite II
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Del Ray Beach FL 33444
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	106 S. SWINTON AVE.	2.3 STREET ADDRESS	42 N Swinton Avenue Suite II
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	Del Ray Beach FL 33444
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appointment with an address.

SIGNATURE: _____ President 1/29/98 561 274-3990

CR2E034 (10/97)