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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS

FILED Jun 15, 1998 8:00 am Secretary of State

Corporation N	EMI # 'TDAZDAY		1, 72 3	~*				
Q	HAY FINANCIAL S	ERVICES, INC.						
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incipal Place o	f Business	Mailing Address		<u>. </u>	•	·		
	rickell Ave.	888 Brickell	Ave.					
5th Floor 5th Floor					B=			
Miami, FL 33131 Miami, FL			3131	ļ <u>.</u>	DO NOT WRITE IN THIS SPACE			
MIAMIL	, ET S2121	ATAME, II	,3,2,2,2		te Incorporated or Quali	fied		
			<u> </u>		8/13/90			
Principal Place	e of Business	2a. Mailing Address	e-1920 ()		Number - 0216090 -		_ 	oplied For
·		26	-	- 05	_021000	<u>-</u>		ot Applicable
Sui <u>t</u> e. Apt. # _. e	e(c.	Suite, Apt. # etc.		5. Ce	rtificate of Status Desire	d \square	,	Additional equired
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City & State		<u></u>		1	ction Campaign Financi st Fund Contribution	ng 🔲		May Be to Fees
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Žip I	 	29 30	n	1	s corporation owes or h sonal Property Tax due		_	angible
	. 25 9. Name and Address of Current		<u>'</u>		me and Address of Ne			
·	-		. X 2 81 Name		*			
	ration Company	OI MIGHT	225 11					
	Miami Center		82 Street Ac	ddress (P.O.1	Box Number is Not Acc iscayne · Bl	optable)	, 4	
	hopin-Plaza	·						
Miami	, FL 33131	್ ಪ್ರತಿಗಳಿಗೆ ಪ್ರತಿಗಳಿಗೆ ಬಿಂಗು ಶೇಷರೆಯ	(a) (a) (b)	Haritan S	t kali bio noethri rii ilbeni lii			
•			84 City			FL	85 Zip	Code
. 	he provisions of Sections 607.0502	CO7 1500 Florida Statutos	the above pamed s	ornoration su	hmite this statement for		_ 1 1 _	s registered
office or regi	etered agent, or both, in the State o	if Florida. Such change was aufl	horized by the corpo	ration's board	d of directors. I hereby a	accept the app	pointment as	registered
agent. I am fa	amiliar with, and accept the obligati	ions of, Section 607.0505, Floric	fa Statutes	:				1
CMATURE	nature, typed or printed name of registered agent	and life if applicable (NOTE: R	Registered Agent signature re	quired when reins	lating)	DATE		
- <u>- 3</u>	OFFICERS AND		13.	ADD	ITIONS/CHANGES TO	OFFICERS ANI	D DIRECTOR	3S IN 12
Lt <u> P</u>	PD	☐ DELETE	1.1-MTLE				2 Change	Addition
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1 -	liami, FL	, <u>, , , , , , , , , , , , , , , , , , </u>	1.4 CITY - ST - ZIP					
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· 1 4	EV Sammons, Jr., Ed	ward E.	2.2 NAME					
AFET ACCOREGE 1	11 E. Wacker Dr	#2600	2 3 STREET ADDRESS					
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17	11 E. Wacker Dr	#2600						
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SIGNATURE:

NAME

STREET ADDRESS

STY ST- ZIP

DELETE

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

6 4 CITY - \$1 - 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 trusted 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 an an attantion in the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Oaylime Phone #

-06/17/98--01018--012 ***1650.00

Addition