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

Mailing Address

ST. PETE FL 33711

2a. Mailing Address

Suite, Apt. #, etc.

7432 34TH ST. 206D

US

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M25680

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite Ant # etc

SIGNATURE:

7432 34TH ST.

ST. PETE FL 33711

206D

21

HAYDEN SALES, INC.

2			27				5. Certificate of Status Desired Fee Required				
City & State			City & State				6. Election Campaign Financing S5.00 May Be				
3			28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip	(Country		8. This corporation owes the current year Intangible				
4	25	29	·	30			Personal Property Tax.				
·1	9. Name and Address of Currer		tered Agent				10. Name and Address of New Registered Agent				
					81	Name	me				
HAYDEN, LAWRENCE E. 7432 34TH ST. S. 206D					82	82 Street Address (P.O. Box Number is Not Acceptable)					
					02	oz Sileat Addiess (F.O. DOX National is Not Acceptable)					
					83						
ST. P	PETE FL 33711						as 7 7 Code				
					84	City	FL 85 Zip Code				
11. Pursuant 1	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statut	es, th	e above	-named	and corporation submits this statement for the purpose of changing its registered				
office or re	egistered agent, or both, in the State	of Florid	a. Such change was a	uthori	zed by t	he corp	orporation's board of directors. I hereby accept the appointment as registered				
	m familiar with, and accept the obliga	mons of,	Geddolf 007,0000, F10	nua o	naturos.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE	Regist	ered Agent	signature	ture required when reinstating) DATE				
12.	OFFICERS AN			T	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD		☐ DELETE	1	.1 TITLE		☐ Change ☐ Additio				
NAME	HAYDEN, LAWRENCE E.			1	.2 NAME		•				
STREET ADDRESS	7432-34 ST S #206			1	.3 STREET	ADDRESS	ESS				
CITY-ST-ZIP	ST. PETERSBURG FL			1	.4 CITY-ST	-ZIP					
TITLE			☐ DELETE	_	.1 TITLE		☐ Change ☐ Additio				
NAME				2	2 NAME						
STREET ADDRESS				2	.3 STREET	ADDRESS	ESS				
CITY-ST-ZIP				2	. 4 CITY-S1	r-zip					
TITLE			☐ DELETE		.1 TITLE		☐ Change ☐ Addition				
NAME				3	2 NAME						
STREET ADDRESS				3	3 STREET	ADDRESS	ESS				
CITY-ST-ZIP				3	i.4. CITY-ST	T-ZIP					
TITLE			☐ DELETE	_	1 TITLE		☐ Change ☐ Addition				
NAME				4	. 2 NAME						
STREET ADDRESS				4	.3 STREET	ADDRESS	ESS				
CITY-ST-ZIP					.4 CITY-ST						
TITLE			☐ DELETE		I TITLE		· Change Addition				
NAME					.2 NAME		·				
STREET ADDRESS				5	.3 STREET	ADDRESS	ESS				
CITY-ST-ZIP				5	.4 CITY-ST	-ZIP					
TITLE			☐ DELETE	6	.1 TITLE		Change Addition				
			_	6	.2 NAME						
NAME CEDEET ADDDESS				6	.3 STREET	ADDRESS	ESS				
STREET ADDRESS				- 1	4 CITY-ST		· ·				
CITY-ST-ZIP	certify that the information supplied w	ith this fil	ling does not qualify fo	r the i	exemptio	on state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				
indicated officer or	on this angual conort or supplements	ıl annual eiver or tr	report is true and accurustee empowered to e	ırate a xecul	and that te this re	my sig port as	as required by Chapter 607, Florida Statutes; and that my name appears in				

FILED
Mar 14, 1999 8:00 am
Secretary of State
03-14-1999 90007 028 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualifed

01/10/1986

59-2625975

4. FEI Number

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