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

1 .	MENT # M306 HAY AND COMPANY IN		·			8.3/4 3/6/4 8/8/1 8/8/4 8/6/4 8/6/4 /8/6
Principal Plac	e of Business	Mailing Address				Didil Bibit digil bibit bibit bibit bigit todi
105 ARVIDA PARKWAY CORAL GABLES FL 33156 CORAL GABLES FL 33156			56		DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	
					04/14/1986	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2671639	Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Qity & State	Δ	City & State			A Firsting Compaign Figureing	
23	6	28	— — ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	····
24	25	29	30	•	Personal Property Tax due June 3	
	9, Name and Address of Co	urrent Registered Agent			10. Name and Address of New Regi	stered Agent
	CORMICK, ARTHUR F.		81	1 Name		
	50 RED RD.		82	2 Street Add	dress (P.O. Box Number is Not Acceptable	3)
_	ITE 203					·
SO	UTH MIAMI FL 33143		83	3		
			84	4 City		85 Zip Code
44 Qureuppt	to the provisions of Continue 607	7 0/ 00 and 607 1509 Florida Clat.	the abou	= named nor	and a sharife this statement for the nu	FL
office or r	to the provisions of s ections our registered agent, or b oth, in the \S	1.0502 and 607.1508, Florida Statu State of Florida, Such change was	ites, the above authorized b	ve-named corpora	poration submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. Fa	m familiar with, and accept the o	obligations of, Section 607.0505, F	lorida Statute	3 S.		•
SIGNATURE	Signature, typed or printed name of register	ed accent and title diapplicable (NC	IT: Registered Ar	nent signature requ	vired when reinstating)	DATE
12.		S AND DIRECTORS	13.	g**** g *	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD □ DFLETE 1.1		1.1 TITLE			Change Addition
NAME :	• · · · · · • · · · · · · · · · · · · ·		1.2 NAME			
STREET ADDRESS 105 ARVIDA PARKWAY			1.3 STREE	E1 ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	···	1.4 CITY-ST-ZIP			
TITLE	D	DELETE 2.1				☐ Change ☐ Addition
NAME	SHAY, GRACE D.		2.2 NAME			
STREET ADDRESS			23 STREE	ET ADDRESS		
CITY-ST-ZIP			2 4 CITY-			
TITLE			3.1 TITLE			Change Maddition
NAME	SHAY, RODGER D., JR. 5505 SW 84 TERR.		3.2 NAME			
STREET ADDRESS	MIAMI FL			ET ADDRESS		
CITY-ST-ZIP TITLE	MINNITC			- ST - ZIP		Change Addition
NAME			4.1 FITLE 4. 2 NAME			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			4.4 CITY -:			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ĺ		-
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		

14. I hereby certify that the information supplied with this filling 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 ample 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 by Justice 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.

6.4 CITY-ST-7)P

FILED

Feb 11 1998 8:00am

Secretary of State