

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006693

1. Corporation Name

HAVERHILL SCORPIONS, INC.

Principal Place of Business
5039 PINE BREEZE COURT
WEST PALM BEACH FL 33415

Mailing Address
5039 PINE BREEZE COURT
WEST PALM BEACH FL 33415

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90134 028 ****70.00



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/26/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STEWART, MARK
5039 PINE BREEZE COURT
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD <input type="checkbox"/> DELETE	1.1 TITLE	P.C.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK STEWART	1.2 NAME	MARK STEWART
STREET ADDRESS	5039 PINE BREEZE CT	1.3 STREET ADDRESS	5039 PINE BREEZE CT
CITY-ST-ZIP	W PALM BCH FL 33415	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL W. GRISWOLD	2.2 NAME	KENNY MORRIS
STREET ADDRESS	628 MADELINE DR	2.3 STREET ADDRESS	5755 KIMBERTON WAY
CITY-ST-ZIP	W PALM BCH FL 33413	2.4 CITY-ST-ZIP	LAKE WORTH FL 33463
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA L STEWART	3.2 NAME	DEBRA L STEWART
STREET ADDRESS	5039 PINE BREEZE CT	3.3 STREET ADDRESS	5039 PINE BREEZE CT
CITY-ST-ZIP	W PALM BCH FL 33415	3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KATHY ANAGNOSTU
STREET ADDRESS		4.3 STREET ADDRESS	3126 HOY LAKE ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	WILL LEWIS
STREET ADDRESS		5.3 STREET ADDRESS	12292 76TH ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33412
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ALECIA CABRERA
STREET ADDRESS		6.3 STREET ADDRESS	7190 HIGH SIERRA CIR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST PALM BEACH FL 33467

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 561-301-1578

Date

Daytime Phone #

CR2E037 (1/98)