## 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

Г	ILED	
May 01	1998	8:00am
Secreta	ary of	State

HYNES  Principal Place	S SALES CO., INC. De of Business SON BOULEYARD	Mailing Address  8525 MORRISON BOUL SUITE 515 CHARLOTTE NC 28211	EVARD	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
	Place of Business	2s. Mailing Address		12/01/1987 4. FEI Number Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		56-0506777   Not App	
22		27		5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution     Added to Fee	
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution Added to Fee  8. This corporation owes or has paid the current year Intangib	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre CORPORATION SYSTEM	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
121 PL	00 S. PINE ISLAND ROAD ANTATION FL 33324	.Ω2 and 607 1508 Florida State	83 84 City	ress (P.O. Box Number is Not Acceptable)    FL   85   Zip Code	stered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli- signature typed or ponent name of registered a	te of Florida. Such change was gations of, Section 607.0505, F	authorized by the corporal	tion's board of directors. I hereby accept the appointment as regist	ered
12.	OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	CT LIMITO IAMEO E O	☐ DETELE	1.1 TITLE	Change /	Addition
NAME STREET ADDRESS	HYNES, JAMES E.S. P.O. BOX 220048		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CHTY - ST - ZIP		
TITLE	P	DELETE	2.1 TITLE	☐ Change ☐ /	Addition
RAME	GREENE, JOHN E.		2.2 NAME		
STREET ADDRESS	3105 FOXRIDGE ROAD CHARLOTTE NC		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	2 4 CITY-ST-ZIP 31 TITLE	☐ Change ☐ /	Addition
NAME	LITTLEJOHN, C M	_	3.2 NAME	= - <b>v</b> -	
STREET ADDRESS	1006 BRAEBURN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	DELETE	3 4. CiTY-ST-ZiP		Addition
TITLE NAME	AVP THREATT, DIANE C	ר"ו הדרבוב	4.1 TITLE 4.2 NAME	☐ Change ☐ A	Addition
STREET ADDRESS	417 AMANDA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MATTHEWS NC		4.4 CITY-ST-ZIP		
TITLE	8	DELETE	5 1 TITLE	☐ Change ☐ A	Addition
NAME	MCCOY, JANE P		5.2 NAME		
STREET ADDRESS	2450 AINSDALE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	DELETE	5.4 CITY - ST - ZIP	Change A	Addition
TITLE		LJ DEREIE	6.1 TITLE	∟ Change ∟ A	WILLIAM
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
	certify that the information supplied	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further certify that the inform	nation

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 on an attachment with an address.

SIGNATURE: C. M. C.