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

Maring Address

SUITE 4-B

26

27

28

600 S. YONGE STREET

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ORMOND BEACH FL 32174-7588

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

600 S. YONGE STREET

21

22

23

SUITE 4-B ORMOND BEACH FL 32174

Suite, Apt #, elc

SIGNATURE:

City & State

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 21 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Regulred

\$5,00 May Be

Added to Fees

Not Applicable

03/12/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11/17/1992

59-3150321

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200006325 (4)

## HAYES MORTGAGE SERVICE COMPANY

9. Name and Address of Current Registered Agent  HAYES, MARC A 600 S. YONGE STREET SUITE 4-B ORMOND BEACH FL 32174  82 Street Address (P.O. Box Number is Not Acceptable)  83 If Day  11. Pursuand to the provisione of Sections 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in the objection florida in a better and accept the objections of Section 607 (600 and 607 1506 Florida Statutes in the objection floridation in a registered agent agent are required the exploritance in a registered agent agent are required to directors. Thereby accept the appointment as registered agent agent are required to directors. Thereby accept the appointment as registered agent agent are required to directors. Thereby accept the appointment as registered agent agent are required to directors. Thereby accept the appointment as registered agent	Zφ	Country	Country Zip				, 101102 011010				
HAYES, MARC A. 800 S. YONGE STREET SUITE 4-B ORMOND BEACH FL 32174  82 Street Address (P.O. Box Number is Not Acceptable)  83 BL City FL 85 Zip Code office or ingestried agent, or both, in the State of Florida Statutes. The above-maned corporation submits this statement for the purpose of changing its registered organic familiars with, and accept the obligations of Section 607 8505, Florida Statutes. The above-maned corporation's board of directors. I hereby accept the appointment as registered organic familiars with, and accept the obligations of Section 607 8505, Florida Statutes.  80X-NATURE  12. OFFICEIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. APEX, MARC A. 800 S. YONG ST., SUITE 4-B 01. 12. NAVE 800 S. YONG ST., SUITE 4-B 02. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. APEX, MARC A. 800 S. YONG ST., SUITE 4-B 03. STREET ADMRESS 14. CHY-ST-ZP  14. CHY-ST-ZP  15. DELETE 11. THE 12. OFfice ST. ADMRESS 13. STREET ADMRESS 14. CHY-ST-ZP  15. DELETE 11. THE 12. OFfice ST. ADMRESS 14. CHY-ST-ZP  15. DELETE 11. THE 12. OFFICE Addition 15. ADMRESS 15. STREET ADMRESS 15. ST	4	25 29 30									
PAYES, MAND STREET SUITE 4-B ORMOND BEACH FL 32174    80 S. YONGE STREET SUITE 4-B ORMOND BEACH FL 32174    81		9. Name and Address of Current	Registered Agent				10. Name and Addre	ss of New Registered	Agent		
BO S. YONGE STREET SUITE 4B ORMONID BEACH FL 32174  B8 City FL B5 Zip Code  11. Poissand R Pag provisions of Sections 607 0502 and 607 1505 Florids Statutes. The above-harmed corporation submits this statement for the purposes of changing its rejistence disject or registered algebra. Or both, in the State of Florida Statutes she above-harmed corporation submits this statement for the purposes of changing its rejistence disject from furnishing with, and accept the obligations of, section 607 6505, Plorida Statutes.  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. This.  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. This.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. This.  17. This.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. State Addition State Andreas State Andre	HA	YES, MARC A.			81	Name	)				
SUITE 4-B ORMOND BEACH FL 32174  B3 B4 City FL B5 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or ringulatives depent, or both, in the Statute of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered office or ringulatives depend on the company of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of the appointment as registered of the corporation submitted as a safety and accept the ac						R2 Street Address (P.O. Box Number is Not Acceptable)					
Bas						Officer Address (1.10. Box (10 mod 13 Mg) Accorptions)					
B4					83						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registriced agent, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 arm timular with, and accept the obligations of, Section 607,0506, Florida Statutes.  SIGNATURI  2. OFFICERS AND DIRECTORS						O:L.			les 7in		
11. Purposed to this provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits bits laterment for the purpose of changing its registered algent and the control of the contr					84	City		FL	185 Zip	CODE	
COLFE (Explained Agent Lagrange (ACOTE Engalesed Agent Lagrange)   COLF	office o	r registered agent, or both, in the State of	f Florida, Such change	was authorize	d by	the cor	d corporation submits this state rporation's board of directors.	ement for the purpose o I hereby accept the app	changing l ointment as	lts registered s registered	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    D	SIGNATURE		may take if wearle skills	WYNE Begielou	d foo	ol eignalus	re required when reinstation	DATE			
D HAYES, MARC A SIRELI ACRES TO  HAYES, MARC A SIRELI ACRES TO  DRMOND BCH. FL  LITTLE  LITTLE  LITTLE  LIST THE  LI	19	The state of the s			o Age	- Grand	······		DIRECTO	RS IN 12	
HAYES, MARC A 600 S. YONG ST., SUITE 4-B 0 13 SIRET ADDRESS 0 CRMOND BCH. FL	TITLE	n			ITI F	···	1001101010111				
STREET ACRESS   13 STREET ADDRESS   14 CDTY-ST-ZP		HAVES MARC A									
ORMOND BCH. FL    LA CITY-ST-ZIP						22390004					
DELETE 21 TITLE Change Addition  SINGEL ADDRESS  SINGEL ADDRES				1						1	
22 NAME	1814f	OTHIOTIO DOTI: 12	DELE		_	1 - 5-45	<del></del>		Change	Addition	
23 STREET ADDRESS  COLD ST-ZEP  CHARGE  CHARGE											
2 4 DTY-ST-ZIP  DELETE 31 TITLE		e				ADDRESS				ľ	
DELETE 3.1 TITLE		" [						¥ 5.74		ļ	
32 NAME  SILE LET ADDRESS SILE ST ZE  INTE  ACTIVEST ZE	11tt		DELE			11 - KK			Change	Addition	
SHEET ADDRESS SH										_	
34. CITY-ST-ZIP  INTE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  5.1 C-ST-ZIP  INTE  DELETE  5.1 TITLE  Change Addition		v.		0.2.		ADDRECC					
DELETE 4: TIRE		`								Į.	
A 2 NAME 4.3 STREET ADDRESS CLEST 24P NITE AAM AAM SHREET ADDRESS CDTY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS CDTY-ST-ZIP DELETE 6.1 TITLE Change Addition Change Addition Change Addition 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CDTY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CDTY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS CDTY-ST-ZIP 6.5 STREET ADDRESS CDTY-STREET ADDRESS CDTY-STREET ADDRESS CDTY-STREET			DELE			01 - 71s			Charge	Addition	
Addition  AMM:  DELETE  5.1 TITLE  Change Addition  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  5.4 CITY-ST-ZIP  TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  Addition  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. 1 do 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 airrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that			End - Tri								
Addition  DELETE 5.1 TITLE Change Addition  SAME  STREET ADDRESS  DITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition  Addition  FACITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition		8				ANNRESS					
DELETE 5.1 TITLE Change Addition  5.2 NAME  5.3 STREET ADDRESS  DITY-ST-ZIP  THE DELETE 6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  DITY-ST-ZIP  CHANGE  CHANGE  Addition  6.3 STREET ADDRESS  DITY-ST-ZIP  4.1 do 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 airrural report is true and accurate and that my signature shall have the same legal effect as if made under path; that										1	
SHREET ADDRESS  CHY-ST-ZIP  SHREET ADDRESS  CHY-ST-ZIP  DELETE  6.1 TITLE  Change Addition  62 NAME  63 STREET ADDRESS  CHY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this airrupal report is true and accurate and that my signature shall have the same legal effect as if made under path; that	THE		DELE			1 - 4 IF	<del></del>	***************************************	Channe	Addition	
STREET ADDRESS  DITY-ST-ZIP  THE DELETE 6.1 TITLE Change Addition 62 NAME  63 STREET ADDRESS  DITY-ST-ZIP  44. I do 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 airrural report is true and accurate and that my signature shall have the same legal effect as if made under path; that											
SHEELADDRESS  CITY: ST-ZIP  1. Condition a line of 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 airrual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that						ADORESS					
DELETE 6.1 TITLE Change Addition  62 NAME  63 STREET ADDRESS  114. If do hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that				1							
62 NAME 63 STREET ADDRESS  DITY: ST-Ze  14. I do hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that	TITLE		DELE			1-211			Change	Addition	
63 STREET ADDRESS 64 CITY-ST-ZIP 14. If do 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 path; that											
64 City-St-Zie  14. Face 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 path; that		c 1		l i		ADDDECO					
14. Ftild 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 path; that											
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 path; that		L. reby certify that the information supplied.	with this filing does no				stated in Section 119.07(3)(i).	Florida Statutes, I furthe	r certify that	l the	
200 t 10 cc Obert 10 d of State and an address	informa	tion indicated on this annual report or su	pplemental annual rep na receiver or trustee o	ort is true and impowered to	accu	ırate anı	d that my signature shall have	the same legal effect as	s if made un	ider oath; that i	