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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000030438 (3)

DALE E. HAYES, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business	pal Place of Business Mailing Address		T THE INDEA OF THE SECOND BEAUT BEAUTY OR FALL BUT IN	i ná tába ttátt ná tká mtába a stír _t í	
2511 FOX RUN CT. LAKE WALES FL 33853	2511 FOX RUN CT. LAKE WALES FL 33853				
			3. Date Incorporated or Qualified 04/21/1994	3a. Date of Last Re 09/24/1996	port
2. Principal Place of Business	2s. Mailing Address		4. FEI Number		olied For
21	26		59-3237666		Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A	I
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 in Added to	
7ip Country 25	Zip Co	ountry	8. This corporation has liability for Florida Statutes	intangible tax under s. Yes No	199.032,
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
HAYES, DALE E		81 Name			
2511 FOX RUN CT. LAKE WALES FL 33853		82 Street Addre	ss (P.O. Box Number is Not Acceptal	ble)	
		83			
		84 City		FL 85 Zip C	ode
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 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 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or punited name of registered agent 12. OFFICERS AND		red Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS	IN 12
TITLE DPVS		TITLE	Applifoliogoliu atago i porti	Change	Addition
NAME HAYES, DALE E	1.2	NAME			
STREET ADDRESS 2511 FOX RUN CT.	. 1.3	STREET ADDRESS			
CITY-ST-ZIP LAKE WALES FL 33853	1,4	CITY-ST-ZIP			
THLE	DELETE 21	TITLE		Change	Addition
NAME HAYES, DALE E	22	NAME			
STREET ADDRESS 2511 FOX RUN CT.	2.3	STREET ADDRESS			ļ
CITY-S1-ZIP LAKE WALES FL 33853		I CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	— — — — — — — — — — — — — — — — — — —	
1046	· · · · · · · · · · · · · · · · · · ·	TITLE		Change	Addition
NAME		NAME			ţ
STRLET ADDRESS		STREET ADDRESS			-
CITY - ST - ZIP	The state of the s	TITLE		Change	Addition
NAME		NAME		LLL 4117-18-1	
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP	i	CITY-ST-ZIP			
3014		TITLE		Change	Addition
NAME		NAME			1
STRELL ADORESS		STREET ADDRESS			
CHY-ST-ZIP	5.4	CITY-\$T-ZIP			
TITLE		TITLE		Change	Addition
NAME	6.2	NAME			
STREET ADDRESS	6.3	STREET ADDRESS			i
Crty-St-ZiP	6.4	CITY-ST-ZIP			

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4/24/97

941-676-3033

061111