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

PO BOX 2213

2a. Mailing Address

Suite, Apt. #, etc.

CLEWISTON FL 33440

PROFIT CORPORATION ANNUAL REPORT

1998

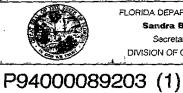
DOCUMENT #

221 RIDGEWOOD AVE

CLEWISTON FL 33440

Suite, Apt. #, etc.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 02 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional Fee Required

Not Applicable

3. Date Incorporated or Qualified 12/08/1994

65-0536563

5. Certificate of Status Desired

HAIRE'S GLOBAL SERVICE	S, INC.	
cipal Place of Business	Mailing Address	. C 18 DETAIL OF THE TREAT STATES WHITE WESTER WHITE SHELLE SHELL

City & Stat	te		(	City & State					6. Election Campaign Fina	ncing	\$5.00	Мау Ве
23			28		<u> </u>				Trust Fund Contribution	<u> </u>	Added	to Fees
Zīp		Country		Zip		Country	/		8. This corporation owes o			
24		25	29		30	<u>)                                    </u>			Personal Property Tax of	77.		No.
	g Name a	and Address of Cu	rrent Registe	ered Agent	<u> </u>				10. Name and Address of	New Registered	Agent	77 - 27 - 27 - 27 - 27 - 28 - 28 - 28 -
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221 RIDGEWOOD AVE					82	Stre	et Addre	ess (P.O. Box Number is Not A				
CLEWISTON FL 33440					<u> </u>	<b>!</b>		<u> </u>		L. C	- * 's/#7.5-5.23	
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						84	City	·		·	85 Zip	Code
		<del></del>			::: <u>: </u>				<u> </u>	<u> </u>	. L l	1 N 18 118 1788
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, byted or printed hemse of registered agent and title if applicable. (NOTE: Registered Agent signature required when payingation).  DATE  DATE												
12.	Signature, typed o		AND DIRECT		(NOTE: R	ngistered Age	ent signa	ture require	d when (einstation)	O OFFICERS AND	DIRECTOR	(N 12
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14. I 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 copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in												