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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000023339 (1)

HAYS ENTERPRISES, INC.

FILED

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1819 MAIN ST. 1819 MAIN ST. STE. 106 SARASOTA FL 34236 STE. 106 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2620 5 TAMIAMI TRL 65-0568659 2620 S. TAMIAMI TRL Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SARASOTA SARASOTA Fee Required City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 239 <u>us A</u> 24 25 29 Personal Property Tax due June 30. ✓ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAYS, MICHAEL R 1819 MAIN ST. Street Address (P.O. Box Number is Not Acceptable) **STE. 108** SARASOTA FL 34236 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. R HAYS Owners
gistered Agent agnature required when reinstating) Michael SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE HAYS, MICHAEL NAME 1.2 NAME 2620 S. TAMIAMI TRL 1819 MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 appress.

SIGNATURE: