Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90081 024 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000024906**1. Corporation Name

HAYES TELECOMMUNICATION SERVICES, INC.

Principal Place	e of Business	Mailing Address		· ·
2501 DAVIE RD		2501 DAVIE RD		
STE 230		STE 230		DO NOT HIDET IN THE SPACE
FT LAUDERDALE FL 33317 FT LAI		FT LAUDERDALE FL 33317		DO NOT WRITE IN THIS SPACE
US		US		3. Date incorporated or Qualifed
				03/29/1995
Principal Place of Business 2a. Mailing Address			. 5	4. FEI Number Applied For
21 1355 Thomaswood Dr. 26 2555 Dav			ie Rd	59-3329095 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired - \$8.75 Additional _
27 Suite 11			)	5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing S5.00 May Be
23 Tallahassee +L 28 Fort Lauder		late t l	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
	3 12 25 USA_	29 33317 30	Mesu	Personal Property Tax.  Yes No
24 000	9. Name and Address of Current	120 - 1 100		10. Name and Address of New Registered Agent
81 Name				
BLUE, HAROLD				
2501 DAVIE RD				Address (P.O. Box Number is Not Acceptable)
#230				55 Davie Rd
FT LAUDERDALE FL 33317			83 7 7	10
FIL	AUDERDALE PL 33317		84 City	85 Zip Code
			For	+ Landerdale FL 33311
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, DANNY		1.2 NAME	
STREET ADDRESS	1355 THOMASWOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	:	1.4 CITY-ST-ZIP	
TITLE	CEOC	☐ DELETE	2.1 TITLE	Change Addition
		<u> </u>	2.2 NAME	
NAME	BLUE, HAROLD			2555 Davie Rd #110
STREET ADDRESS	2501 DAVIE RD, STE 230	•	2.3 STREET ADDRESS	5 +1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
CITY-ST-ZIP	FT LAUDERDALE FL	E ocuere	2. 4 CITY-ST-ZIP	2555 Davie Rd. #110 Fort Lauderchale FL -33317-
TITLE	P	☐ DELETE	3.1 TITLE	Containing Michigan
NAME	Guinan, John Paul	1	3.2 NAME	D-116 D1 #110
STREET ADDRESS	2501 DAVIE RD, STE 230		3.3 STREET ADDRESS	2555 Davie Rd, #110
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY-ST-ZIP	Fact Lauderdale FL 33311
TITLE	VP	☐ DELETE	4.1 TITLE	Change Addition
NAME	MARKS, BENNETT		4. 2 NAME	
STREET ADDRESS	2501 DAVIE RD. STE 230	l l	43 STREET ADDRESS	2555 Davie Rd. #110 Fast Lauderdale, FL 33317
CITY-ST-ZIP	FT LAUDERDALE FL	į.	4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	Change Addition
NAME	PUTHOFF, FRANK M		5.2 NAME	
STREET ADDRESS	2501 DAVIE RD, STE 230		5.3 STREET ADDRESS	2555 Davie Kd. #110
	1		5.4 CITY-ST-ZIP	2555 Davie Rd. #110 Fort Lauderdale FL 33317
CITY-ST-ZIP	FT LAUDERDALE FL	□ DELETE	6.1 TITLE	Change Addition
TITLE		C) DELETE	6.2 NAME	
NAME			6.3 STREET ADDRESS	
,				

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 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 of a statute of the corporation of 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 of the corporation of the corporat

SIGNATURE:

OFFICER OR DIRECTOR