FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

P95000056509 (9) **DOCUMENT #** 1. Corporation Name

THE HAIMES GROUP, INC.

Principal Place of Business 1120 SPYGLASS

Maling Address

1120 SPYGLASS

APPROVEL AND

96 MAY -1 PH 1: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



FT LAUDERDALE FL 33326		FT LAUDERDALE FL 33326					
					3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0597694	Not Applicable	
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e 	Orty & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Ζiρ	Country	Zip en n	Country		8. This corporation has liability for in		
24	25	[29]	30	······································	Florida Statutes Yes	. —	
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New R	egistered Agent	
LIAMACO	S, CHARLES		81	name			
	PYGLASS		82		et Address (P.O. Box Number is Not Acceptable)		
	PTGLASS IDERDALE FL 33326		83				
1100	DENDALE IL 33320		53				
*			84	City		85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0609	and 607 1509 Florida State	toe tru, resource	Lanson come	ration submits this statement for the purp	FL S E S S S S S S S S	
or register familiar wi	red agent, or both, in the State of Floris th, and accept the obligations of, Secti	da. Such change was authori on 607.0505, Florida Statute	ized by the corp	oration's boa	rd of directors. Thereby accept the appo	pose of changing its registered office of the arms of	
SIGNATURE	Signature typed or pointed many of regelies of a pear	हर १४५५ र हर्नु वास्त्री व	KOTE PROJEKTI NOV	Supplied to the contra	d et er rensi i trig	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	President	DELETE	1 1 TITLE			Change Addition	
NAME	Charlie Haimes		1.2 NAM(
STREET ADDRESS	1120 Spypless		13STREET	AUDRESS			
CITY - ST - ZII	Ft Landon FL	33326	14 CHY+8	I - ZiP			
TITLE		DELETE	2 1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			23 STREET	ADORESS			
CITY - ST - ZIF			2.4 CI*Y - S	1 - 719			
TITLE		DELETE	3 1 Dille			☐ Change ☐ Addition	
NAME			3.2 NAME				
STHEET ADDRESS			33 STREET	ADDRESS			
CITY - ST- ZIF			340117-\$	Z ¹ b	4000	101820874	
TITLE	1	☐ DELETÉ	4 1 11'LE		-05/14/	1 0 1 8 2 0 3 7 4 96041 08 *-063***********************************	
NAME			4 2 NAME		****20	0.00 ****200.00	
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 City - S	T - ZIP			
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME	1		5.2 NAME		ν Λ ₂ Ι		
STREET ADDRESS			5.3 STREET	ADDRESS	// /\ \/\ \/\ (n		
C(TY - S1 - Z(F		FT As are	54 Cily S	1 - 216	1/15/10		
TILLE		☐ DELETE	6 1 FIFLE		Р	Change 🗀 Addition	
NAME	Ì		6.2 NAME		1		
STREET ADDRESS			6.3 STREET	ADORESS			
CITY-S1-ZIP		·	64 CITY - S	T - ZIP			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k). 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 truster en powered 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 arrangement of the receiver of the corporation of the receiver of the corporation of the receiver of the second of the execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR