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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056509 (9)

THE HAIMES GROUP, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
1120 SPYOLASS	1420-SPYGLASS			
FT LAUDERDALE FL 33929	DALE FL 33926 FT LAUDERDALE FL 39926		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	3 OF AGE
			07/20/1995	
2. Principal Place of Business	26. Mailing Address		4. FEI Number	Applied For
21 321 Mailard Rd		llard Rd	65-0597694	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Weston, FL	28 Weston	, FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 33327 25 3,04,1		00	Personal Property Tax due June 30.	☐ Yes 🔀 No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
HAIMES, CHARLES		81 Name		
1 120 SPYQLAS S		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT-LAUDERDALE FL 33326		33	21 Mallard Rol.	-
		83		
		84 City	·	AE Zin Codo
		$ \omega$	eston, FL 🚳 FI	2ip Code 33327
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida 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 agen		Registered Agent signature requi	red when rainstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE P	☐ DELETE	1.1 TITLE		Change
NAME HAIMES, CHARLIE		1.2 NAME		
STREET ADDRESS 1120 SPYGLASS		1.3 STREET ADDRESS	321 Mallard Rd	
CITY-ST-ZIP FT LAUDERDALE FL-33326		1.4 CITY-ST-ZIP	Westen, FL 33327	
TITLE	L_J DELETE	2.1 TITLE	-	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY+ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-ZiP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	61 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-2IP		6.4 CITY - ST - ZIP		
14 I hereby certify that the information currelled will	within filings stores and acceptible for t	the accommission assistant in	C4 440 07/0/// El- /- 0: - 14 //	414 11 141 141

indicated on this annual report or supplied with this hing 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 a realizationent with an address.

SIGNATURE:

954-797-8668