SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003877 (3)

HAILE MARKETPLACE, INC.

FILED Aug 12 1997 8:00am Secretary of State



9-1-97

Principal Place of Business Mailing Address								
5300 SW 91 TERR Gainesville Fl. \$2608-7124		5300 SW 91 TERR Gainesville Fl 32808-7124			DO NOT WRITE	IN THIS SPAC)F	
					3. Date Incorporated or Qualified 01/09/1996	3a. Date of		eport
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 532	26			59-3383095 Not Apr		t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			2.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		5.00	May Be
23 6A1	NESUILLE FL	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes or has pai		_	_ ~
24 1376		29	30		Personal Property Tax due June 10. Name and Address of New Re		=	J No
L/D	9. Name and Address of Current	Hegisterea Agent	8	1 Name	10. Name and Address of New Ne	TIREGIAN WAR		
	AMER, ROBERT B]				
5300 \$W 91 TERR GAINESVILLE FL 32608-7124				2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City		FL 85	Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ve-named co	rporation submits this statement for the p	urpose of cha	nging it	s registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Suich change wa	s authorized i	ny tao caraar	ation's board of directors. I hereby accep	it the appointr	nent as	registered
=	in rainmar with and accept the obliga	1013 01, 0001011 001.0000,	r ioriou otaioi	·				
SIGNATURE	Signature, typed or printed name of registered agen	t and title If applicable. (N	IOTE: Registered A	gent signature rec	pired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			_
TITLE	U PANES DODEST D	☐ DELETE	1.1 TITLE				Change	Additio
NAME	KRAMER, ROBERT B		1.2 NAM	E				
STREET ADDRESS	5300 S.W. 91ST TER.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32808-7124	l beiere	1.4 CITY				Change	Additio
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TITLE		DELETE	6.1 TiTU				Change	Additio
NAME	(]		6 2 NAM	E				
STREET ADDRESS			6.3 STR	ET ADDRESS				
CITY-ST-ZIP	I		6.4 CiTY	- ST - ZIP				
14. I do here information I am an o appears	by certify that the information supplies on Indicated on this annual report or sofficer or director of the corporation or in Block 12 or Block 13 if charged ex	with the filing does not que to the least of	ialify for the e is true and ac lowered to ex address.	xemption state curate and the ecute this rep	led in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further cer al effect as if n Statutes; and t מאל	tify that nade un hat my i	the ider oath; t name