

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008894 (3)**

1. Corporation Name
HAIRSTREAK DEVELOPMENT CORP.

Principal Place of Business

**2507 U.S. 1 SOUTH
ST. AUGUSTINE FL 32086**

Mailing Address

**2507 US 1 SOUTH
SUITE 7045
ST. AUGUSTINE FL 32086
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

59-3359346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **4085 AIA S.**

Suite, Apt. #, etc.

22 **Suite B**

City & State

23 **St. Augustine, FL**

Zip

24 **32084**

Country

25

2a. Mailing Address

26 **2507 US 1 South**

Suite, Apt. #, etc.

27 **Suite 7045**

City & State

28 **St. Augustine, FL**

Zip

29 **32086**

Country

30

9. Name and Address of Current Registered Agent

**TRAYNOR, JOHN M ESQ.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KAPLER, GEORGE
2507 US 1 SOUTH, SUITE 7045
ST. AUGUSTINE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROY, GLYNDA
16 SPENCER STREET
ST. AUGUSTINE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

George Kapler 7-1-98

CR2E034 (10/97)