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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 05 1997 8:00am Secretary of State

DOCUMENT , Corporation Name	#	P9600001	7307	(5)
, Corporation Name		000000	, 00,	(~)

DOCU	MENT # <b>P96000</b> (	017307 (5)			
	HAYDEN ENTERPRISES, INC				
7.001,111	THE TOTAL PROPERTY OF THE	,		E DEMONSOR HIE (DIAN DINH ARM ARM) ARMS	I ANIBI IKATI KANDA NIKI ANKI INDI
Principal Plac	e of Business	Mailing Address			, MATARI BENER ANGUN ANGUL MATARI SANGE LONG
234 DOLPHIN F		234 DOLPHIN POINT			
TOWN HOUSE CLEARWATER I		TOWN HOUSE II CLEARWATER FL 34630-211	n		
COLIMATER	i C data	OCCUMENTE STORY		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/22/1996	2/22/96
	lace of Business	2a. Mailing Address	· . D-	4, FFI Number	Applied For
21 2.	54 Dolphin Pt	26 234 DOLP	hin M	59335968	
Suite, Apt.	*. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
	Arwarer (-LA	28 Ce ou	MEEN /-L	Trust Fund Contribution	Added to Fees
Zıp	Contry	Zip [	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 ZY (			30 YINE JAJ		Yes X No
	g, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	DEN, KATHY A			obentonder	
	DOLPHIN POINT /N HOUSE II		B2 Street Add	ess (P.O. Box Number is Not Acceptat	A Gold
	ARWATER FL 34630		83	sy usipma	17
·	ANTIAIEN PE 04000		#		
*				learn ATER	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named core	oration submits this statement for the p	ourpose of changing its registered
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the Oiligati	i Florda Such change was a ions of Section 607,0505, Flo	uthorized by the corporat rida Statutes.	ion's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	Tathy ( )	Henre	•		<i>5/30 1</i> 97
	Signature typed or printed purise of registered agont OFFICERS AND		. Fugisleren Agent signature requi-		DATE
12. TITLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HAYDEN, KATHY A	<u></u>	1.2 NAME		
STREET ADDRESS	234 DOLPHIN POINT, TOWN HO	OUSE II	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630		1.4 CHY-S1-ZIP		[
TITLE		☐ DELFTE	2 1 TITLE		Change Addition
NAME			2.2 NAME		j
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- S1 - 7IP		Change Addition
NAME		T percit	3 1 7171. F		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. City-St-ZIP		
TITLE		DELETE	4.1 DILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S1-ZIP		Change Addition
NAME			61 TITLE 62 NAME		T counds T worthou
STREET ADDRESS			6.3 STHEFT ADDRESS	,	
CITY-ST-ZIP			64 CITY-ST-ZIP		
	by certify that the information supplied in indicated on this annual report or sup	with this filing does not qualify		Hin Secretin 119.07/20(i) Florida Statute	s. I further certify hat the
intormatio	i <b>n indicat</b> ed on this armual report or sup fficer or director of the comporation or th	ppromental annual report is tr	ue and accurate Anothat	my stantature/shall have to earne liga	l enect as it name purious fat