

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  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # P96000032886 (9)

1. Corporation Name

HAINES INVESTMENT CORP.

Principal Place of Business

1525 S. ANDREWS AVENUE  
SUITE 216  
FORT LAUDERDALE FL 33316

Mailing Address

202 SYDNEY STREET  
CAMBRIDGE MA 02139-4218

3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

58-2243318

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.  
1525 S. ANDREWS AVENUE  
SUITE 216  
FORT LAUDERDALE FL 33316

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

14 Apr 1997

12. OFFICERS AND DIRECTORS

|                |                    |        |
|----------------|--------------------|--------|
| TITLE          | D                  | DELETE |
| NAME           | HAINES, PETER      |        |
| STREET ADDRESS | 202 SYDNEY STREET  |        |
| CITY-ST-ZIP    | CAMBRIDGE MA 02139 |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                 |
|--------------------|-----------------|
| 1.1 TITLE          | Change Addition |
| 1.2 NAME           |                 |
| 1.3 STREET ADDRESS |                 |
| 1.4 CITY-ST-ZIP    |                 |
| 2.1 TITLE          | Change Addition |
| 2.2 NAME           |                 |
| 2.3 STREET ADDRESS |                 |
| 2.4 CITY-ST-ZIP    |                 |
| 3.1 TITLE          | Change Addition |
| 3.2 NAME           |                 |
| 3.3 STREET ADDRESS |                 |
| 3.4 CITY-ST-ZIP    |                 |
| 4.1 TITLE          | Change Addition |
| 4.2 NAME           |                 |
| 4.3 STREET ADDRESS |                 |
| 4.4 CITY-ST-ZIP    |                 |
| 5.1 TITLE          | Change Addition |
| 5.2 NAME           |                 |
| 5.3 STREET ADDRESS |                 |
| 5.4 CITY-ST-ZIP    |                 |
| 6.1 TITLE          | Change Addition |
| 6.2 NAME           |                 |
| 6.3 STREET ADDRESS |                 |
| 6.4 CITY-ST-ZIP    |                 |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000267

CR2E034 (9/96)