

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

FILED

**May 15 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 # P96000075077 (3)
 1. Corporation Name
HALEY'S GIFTS INC.



Principal Place of Business 1556 PATRICIA AVENUE DUNEDIN FL 34698	Mailing Address 1556 PATRICIA AVENUE DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1709 Main Street Suite, Apt. #, etc. 22 Suite 15 City & State 23 Dunedin, Florida Zip 24 34698 Country 25 USA	2a. Mailing Address 26 1709 Main Street Suite, Apt. #, etc. 27 Suite 15 City & State 28 Dunedin, Florida Zip 29 34698 Country 30 USA
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3. Date Incorporated or Qualified 09/09/1996
4. FEI Number 59-3398984
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RODRIGUEZ, MICHAEL 1556 PATRICIA AVENUE DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name Rodney L. Shrode 82 Street Address (P.O. Box Number is Not Acceptable) 1709 Main Street 83 Suite 15 84 City Dunedin FL 85 Zip Code 34698
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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]* DATE **April 24, 1998**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE PD	NAME RODRIGUEZ, MICHAEL E	<input checked="" type="checkbox"/>
STREET ADDRESS 1556 PATRICIA AVENUE	CITY-ST-ZIP DUNEDIN FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE S	1.2 NAME Rodney L. Shrode	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS 1709 Main Street - Suite 15	1.4 CITY-ST-ZIP Dunedin, FL 34698		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 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 *[Signature]* DATE **April 24 1998 (813) 723-72911**

CR2E034 (10/97)