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

DOCUMENT # P96000085478 (1)

THE HAT GUY, INC.

| Prince | lool | Place | _f | Business |
|--------|-------|--------|----|------------|
| | Jipui | 1 1000 | Ο, | Dugii (Caa |

Mailing Address

201-C GEORGETOWN DRIVE CASSELBERRY FL 32707 204-C GEORGETOWN DRIVE CASSELBERRY FL 32707-6157

FILED Apr 23 1997 8:00am Secretary of State

| F | | | |
|---------------|------|--|--|

10/16/1996

| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
|--|---|----------------------------------|----------------------------|--|--|-------------------------|--|--|--|
| 21 | | 26 | 26 | | 59-3404345 | Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required | | | |
| City & State | 9 | City & State | State | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 28 | | | | | Trust Fund Contribution | Added to Fees | | | |
| Zip | | | Country | B. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 | 29 | 30 | Florida Statutes | | | | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered A | (gent | | | |
| AME | ERILAWYER CHARTERED | | 81 | Name | | | | | |
| 343 | ALMERIA AVENUE | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | RAL GABLES FL 33134 | | | Offeet Address (1.0. Box Normber is Not Acceptable) | | | | | |
| | | | 83 | 83 | | | | | |
| | | | 84 | | | | | | |
| | | | . 64 | City | FL | 85 Zip Code | | | |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | tes, the above | e-named corpo | oration submits this statement for the purpose of | changing its registered | | | |
| 'àffice.or re | egistered agent, or both, in the State o | If Florida, Such change was | authorized by | the corporation | oration submits this statement for the purpose of on's board of directors. I hereby accept the appo | pintment as registered | | | |
| | The mile with and decept the obligar | iona di, additori doi .0300, i i | onda otatute. | 3. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and tile if applicable (NO | IL: Registered Age | ent signature require | go when reinstating) DATE | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 | | | |
| TITLE | PSTD | DELETE | 1.1 TITLE | | | ☐ Change ☐ Addition | | | |
| NAME | RUSSELL, ADAM K | | 1.2 NAME | 1 | | }; | | | |
| STREET ADDRESS | 204-C GEORGETOWN DRIVE | | 1.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | | 1.4 CHY-S | | | | | | |
| TITLE | ONOCEOCIAL TE GETOT | DELETE | 2.1 UILE | <u>''!"</u> | | Change Addition | | | |
| NAME | | _ | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2.4 CHTY- | | | | | | |
| TITLE | | DELETE | 3,1 1111 f | 51-7117 | | ☐ Change ☐ Addition | | | |
| NAME | | | 3.2 NAME | | | Circumon Linearing | | | |
| STREET ADDRESS | | | 3.2 NASVIC | ADDOLCC | | | | | |
| 1 | | | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. C/TY - 3 4.1 TITLE | S1-ZIP | | Change Addition | | | |
| NAME | | | 4.1 TILE | | | L. Salange L. Audition | | | |
| | | | | ADDELOG | | 1 | | | |
| STREET ADDRESS | | • | 4.3 STREET | | | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CHY - S | 1 - ZIP | - Land Control of the | Change Addition | | | |
| TITLE | | □ m(r) | 5.1 TITLE | | | C cuands C woulded | | | |
| NAME | | | 5.2 NAMÈ | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | | | | | |
| CITY-ST-ZIP | | T poeze | 54 CITY-S | SI - ZiP | | | | | |
| TITLE | | ☐ D€LETE | 611 1LF | | | Change Addition | | | |
| NAME | | • | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | G.4 CHY+S | | | | | | |
| 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 fursite 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 affecting with an alidress. | | | | | | | | | |
| appears is | appears in Block 12 or Block 13 if changed, or on an attachment with an alidress. | | | | | | | | |