

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

FILED

Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morjha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011037

1. Corporation Name
HAYLIN ENTERPRISES INC.

Principal Place of Business Mailing Address
550 BAYSHORE DR #204
FT LAUDERDALE FL 33304

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1-31-97

4. FFI Number
65-0736825

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

9. Name and Address of Current Registered Agent

ROBIN A. HAYWARD
550 BAYSHORE DR #204
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent Signature required when applicable)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	ROBIN A HAYWARD		11 TITLE	PRESIDENT	☐ Change ☐ Addition
STREET ADDRESS	550 BAYSHORE DR #204		12 NAME	ROBIN A HAYWARD	
CITY-STATE-ZIP	FT LAUDERDALE FL 33304		13 STREET ADDRESS	550 BAYSHORE DR #204	
			14 CITY-STATE-ZIP	FL LAUDERDALE FL 33304	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-STATE-ZIP			24 CITY-STATE-ZIP		
			31 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	32 NAME		
NAME			33 STREET ADDRESS		
STREET ADDRESS			34 CITY-STATE-ZIP		
CITY-STATE-ZIP			41 TITLE		☐ Change ☐ Addition
			42 NAME		
TITLE		☐ DELETE	43 STREET ADDRESS		
NAME			44 CITY-STATE-ZIP		
STREET ADDRESS			51 TITLE		☐ Change ☐ Addition
CITY-STATE-ZIP			52 NAME		
			53 STREET ADDRESS		
TITLE		☐ DELETE	54 CITY-STATE-ZIP		
NAME			61 TITLE		☐ Change ☐ Addition
STREET ADDRESS			62 NAME		
CITY-STATE-ZIP			63 STREET ADDRESS		
			64 CITY-STATE-ZIP		

14. I hereby certify that the information appears on 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 supplementary report is true and accurate and that my signature shall have the same legal effect as I made under oath that I am an officer or director of the corporation or the incorporator or founder or promoter of the corporation. I execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a checked or un-checked item with an address.

SIGNATURE: ROBIN A HAYWARD PRES. 4-20-98 954564-5381

CR2E034 (10/97)