Hmended: AGI. 25

10/25/98

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	PROFIT	FLORIDA DEPART	MENT OF STATE	
	RPORATION	Sandra B.	Mortham	
ANNU	JAL REPORT _	Secretary	of State	FILED
•	1998	DIVISION OF CO	PORATIONS	
	1000	<u> </u>	. #	98 OCT 28 MM 10: 44
DOCH	MENT # DODA	102512164	J.	20 AH 10: 44
1. Corporation	MENT # ₽97000	0035636(4	,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	HAYE PURE WA	CO INIC		TATI ALL OF STATE
L-14	HAVE LOUGE MY	FREIL, (IC.		ALLAMASSEE, FI NEM.
				- COMPA
			 	
Principal Place	e of Business	Mailing Address		
314-	TULANE DRIVE			
•				DO NOT WRITE IN THIS SPACE
ALTAMONTE SPRINGS, FL 32714			3. Date Incorporated or Qualified /	
		•		04/18/1997
7. Dringing O	lace of Business	2a. Mailing Address		4. FEI Number Applied For
	lace of business		•	
21	0	26		60.75
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		S. Schillette of states besided No Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23	-	28		Trust Fund Contribution Added to Fees
^{Zip}	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	[25]		0	Personal Property Tax due June 30. L Yes L No
	9. Name and Address of Current	t Registered Agent	04 11	10. Name and Address of New Registered Agent
1 4	A HAVE , POULA		Name	PHIL LA HAYE
-	· ·		82 Street A	ddress (P.O. Box Number is Not Acceptable)
ን	H TULANE DRIV	<i>)</i> 12.		SLY TULANE BRIVE
^	LTAMONTE SPRINGS	- C1 - 22714	83	·
▼ .		NAME SENT	84 City o	or 7's Code
•	29 SOUTH BULOVA	32703	84 City A	LTAMONTE SPRINGS FL 85 Zip Code
11. Pursuant t	to the provisions of Captions 607 0500	and 607 1509 Florida Statutos	the above-named c	orporation submits this statement for the purpose of changing its registered
office or re	eastered agent, or both, in the State of	of Florida. Such change was auth	norized by the corpo	ration's board of directors. I hereby accept the appointment as registered
agent, i ar				
•	PHII 12 4445	tions of Section 607.0505, Florid	77 (1) =	10/2-100
SIGNATURE	PHIL LAHAYE		100 7	Ca W 25/98 couling when reinstalling) DATE
SIGNATURE _	PHIL LA HAYE Signature, typed or printed name of registered agent	it and title if applicable (NOTE, 5	Registered Agent signature r	equired when reinstaling) DATE
SIGNATURE _	PHIL LA HAYE Signature, typed or printed name of registered agent OFFICERS AND	it and tide if applicable (NOTE, 5)	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	PHIL LA HAYE Signature, typed or printed name of registered agent OFFICERS AND D/P	it and title if applicable (NOTE, 5	Registered Agont signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	PHIL LA HAYE Signature, typed or printed name of registered agent OFFICERS AND D/P LA HAYE, PAULA M.	A and title if applicable (NOTE FOR DELETE	Togistered Agont signature n 13. 1.1 TITLE 1 2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D P
SIGNATURE 12. TITLE NAME STREET ADDRESS	PHIL LA HAYE Signature, typed or printed name of registered agent OFFICERS AND D/P LA HAYE, PAULA M. 29 SOUTH BULDVA DR	t and ide if applicable (NOTE : D DIRECTORS DELETE	Registered Agent signature r 13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D P Addition PHIL LA HAYE 314 TULANE DRIVE
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