SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000072688 (9)

HALFBREED, INC.

Prin	cipal Pl	асе о	f Busi	ness
	HOLLY).

Mailing Address

FILED Oct 01 1998 8:00am Secretary of State



2590 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		2590 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			DO NOT WRITE IN THIS \$P ACE 3. Date Incorporated or Qualified					
							08/20/1997			
2. Principal Place of Business			2e. Mailing Address				Applied For			
21		26				Not Applicable				
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			1 5 Continate of Status Desired 1 1	Additional Required				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip	2	Country 5	2 ip 29	າ ່ 			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name a	nd Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
	GHT, LARRY				B1 Name					
2590 HOLLYWOOD BLVD. HOLLYW OO D FL 33020			82	Street A	ddress (P.O. Box Number is Not Acceptable)					
					83					
					84	City	FI 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 accept the obligations of, section 607.0505, Florida Statutes.										
SIGNATURE				#1037 B-1			o required when reinstating) DATE			
12.	Signature, typed or	printed name of registered agent OFFICERS AND		(NOTE: Regis		gent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	OIT IDENO AND					Change			
NAME	VAUGHT, L	ARRY F	ي الدر	DELETE 1.1 TITLE		1	Change	[] Addition		
STREET ADDRESS C/O 2590 HOLLYWOOD BLVD			1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP HOLLYWOOD FL 33020				1.4 CITY-ST-ZIP						
TITLE	STD		DEL		ITLE		Change	Addition		
NAME VAUGHT, LARRY JR		L DELETE 22 NA			Change		Addition			
STREET ADDRESS C/O 2590 HOLLYWOOD BLVD					ET ADDRESS					
CITY-ST-ZIP HOLLYWOOD FL 33020			2.4 CITY-ST-ZIP			•				
TITLE	VD	70 11 00020	DEL				Change	Addition		
NAME	VAUGHT, JA	AMES		,_	AME		Change	L_ Addition		
			STREET ADDRESS							
CITY-ST-ZIP	110(1101000 71 10100			ITY-ST	- 1		1			
TITLE	.100011100	AAAFA	DEL				Change	Addition		
NAME					IAME		Change	C Hadroon		
I		4.3 STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP			}				
TITLE			DEL			-1	Change	Addition		
NAME			L.) DEL	5.2 N			Change	L.J MOUNDI		
I I		TREET ADDRESS								
CITY-ST-ZIP					TY-ST	- 1		1		
TITLE			DEL			-2.11"				
			[] DEL	E1E 4.17		ŀ	L Change	Addition		
NAME										
STREET ADDRESS 6.3 S			TREET	ADDRESS		}				

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 attention with an address.

SIGNATURE: