


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S21141** (4)  
1. Corporation Name  
**GENE HADDEN, INC.**

Principal Place of Business <b>GENE HADDEN INC</b> <b>3809 CARROLL CYPRESS COURT</b> <b>TAMPA FL 33618</b> <b>US</b>	Mailing Address <b>GENE HADDEN INC</b> <b>3809 CARROLL CYPRESS CT</b> <b>TAMPA FL 33618</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Gene Hadden Inc.</b> Suite, Apt. #, etc. 22 <b>3936 Ashwood Lane</b> City & State 23 <b>SARASOTA, FL.</b> Zip 24 <b>34232</b>		2a. Mailing Address 26 <b>Gene Hadden Inc.</b> Suite, Apt. #, etc. 27 <b>3936 Ashwood Lane</b> City & State 28 <b>SARASOTA, FL.</b> Zip 29 <b>34232</b>		3. Date Incorporated or Qualified <b>12/27/1990</b>	
		4. FEI Number <b>59-3046365</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or <u>has paid</u> 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 <b>HADDEN, GENE</b> <b>4641 S ATLANTIC AVE</b> <b>SUITE 601</b> <b>PONCE INLET FL 32127</b>				10. Name and Address of New Registered Agent 81 Name <b>Hadden Gene</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3936 Ashwood Lane</b> 83 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34232</b>			
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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 Gene Hadden Gene Hadden 1-7-98  
Signature, typed or printed name of registered agent and title if applicable (Not: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPV	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDEN, GENE			1.2 NAME	Hadden Gene		
STREET ADDRESS	3909 CARROLL CYPRESS COURT			1.3 STREET ADDRESS	3936 Ashwood Lane		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	SARASOTA, FL. 34232		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDEN, GENE			2.2 NAME	Hadden Gene		
STREET ADDRESS	3909 CARROLL CYPRESS COURT			2.3 STREET ADDRESS	3936 Ashwood Lane		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	SARASOTA, FL. 34232		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, upon an attachment with an address.

SIGNATURE: Gene Hadden Gene Hadden 1-7-98 941-954-2161

CR2E034 (10/97)