FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mort[illegible]n
Secretary of Sta[illegible]
DIVISION OF CORPO[illegible]ATIONS

DOCUMENT # **397437** **(5)**

1. Corporation Name

WALTER HAAS & SONS, INC.

Principal Place of Business	Mailing Address
123 WEST 23RD STREET **HIALEAH FL 33010**	**123 WEST 23RD STREET** **HIALEAH FL 33010**

3. Date Incorporated or Qualified: **03/14/1972**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1420342** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAAS,WALTER
123 W 23RD ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAAS,WALTER		1.2 NAME	
STREET ADDRESS	10803 LISBON ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAS,MARIANNE		2.2 NAME	
STREET ADDRESS	10803 LISBON ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAAS, GARY		3.2 NAME	
STREET ADDRESS	5203 S.W. 115TH TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAAS, PATRICK		4.2 NAME	
STREET ADDRESS	10754 RICHMOND PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP	
TITLE	RS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LOHMEYER, CHRISTINE		5.2 NAME	
STREET ADDRESS	1170 WILSHIRE CIR. EAST		5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: [signature] 1/25/96 305-883-3357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #