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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 397437 (5)

1. Corporation Name
WALTER HAAS & SONS, INC.

Principal Place of Business
123 WEST 23RD STREET
HALEAH FL 33010

Mailing Address
123 WEST 23RD STREET
HALEAH FL 33010-2211



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1972		3a. Date of Last Report 01/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1420342		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		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
HALEAH 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Treasurer
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	2.1 TITLE	President
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	3.1 TITLE	
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	4.1 TITLE	Vice President
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	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

305-883-2257

Date

Daytime Phone #

0114926

CR2E034 (9/96)