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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001910 (5)

TIMOTHY HAAHS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Mar 25 1998 8:00am Secretary of State



794 PENLLYN PIKE. SUITE 200 BLUE BELL PA 19422		794 PENLLYN PIKE. SUITE 200 BLUE BELL PA 19422		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualified			
					04/14/1997			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Api	plied For		
21		26		23-2756408	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	5. Certificate of Status Desired Security Securi			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
9, Name and Address of Current Registered Agent					10. Name and Address of New Hegistered Agent 81 Name			
EBERT, E. JAMES				Name				
12431 COCONUT CREEK CT FT MYERS FL 33908				82 Street Address (P.O. Box Number is Not Acceptable)				
			8	3				
			8-	4 City	F	85 Zip C	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								
12.	Signature typed or present name of registered a juri OF FICERS AND		13.	geni signalure rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IV 12	
TITLE	CP OFFICING AND	DELETE	1.1 TITLE		ADDITIONS/OFFARIOLO TO OFFICE NO.	Change	Addition	
NAME	HAAHS, TIMOTHY H		1.2 NAMI	Ī				
STREET ADDRESS	1210 KINGSLEY CT			ET ADDRESS				
CITY-SY-ZIP	LOWER GWYNEDD PA 19002		1.4 CITY	ST-ZIP				
TITLE	VCV	DELETE	2.1 TITLE			Change	Addition	
NAME	ALARCON, PETRONILO C 23		2.2 NAMI					
STREET ADDRESS	2953 APPLEDALE RD		2.3 STRE	et address				
CITY-ST-ZIP	AUDUBON PA 19406		2. 4 CITY	-ST-ZIP				
TITLE	D DELETE		3.1 TITLE			☐ Change	Addition	
NAME	EBERT, E. JAMES		3.2 NAM	<u> </u>				
STREET ADDRESS	12431 COCONUT CREEK CT		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33908	Dec 200	3 4. CITY			1 6	A state ==	
TITLE			4 1 TITLE	l		Change	Addition	
NAME	HAAHS, JANICE J		4. 2 NAM	1				
STREET ADDRESS	1210 KINGSLEY CT			et address				
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	DELETE	4.4 CITY			Change	Addition	
TITLE		[] DETER	5 1 TITLE		·	□ nange	L_J AUUROIT	
NAME			5 2 NAM					
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change	Addition	
NAME		- Peterie	6.2 NAM					
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			6.4 CITY	- 1			ł	
0111-31-21r			0.4 0111	- GI"ZIF				

14. Thereby certify that the information supplied with this filling 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 trusted 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 any address.

SIGNATURE:

3/16/98
215-283-0700