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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90029 037 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000001910 (5)
 1. Corporation Name
 TIMOTHY HAAHS & ASSOCIATES, INC.



Principal Place of Business: 794 PENLLYN PIKE, SUITE 200, BLUE BELL PA 19422
 Mailing Address: 794 PENLLYN PIKE, SUITE 200, BLUE BELL PA 19422

3. Date Incorporated or Qualified: 04/14/1997

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

4. FEI Number: 23-2756408
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
 EBERT, E. JAMES
 12431 COCONUT CREEK CT
 FT MYERS FL 33908

10. Name and Address of New Registered Agent (81-85):
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HAAHS, TIMOTHY H	
STREET ADDRESS	1210 KINGSLEY CT	
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	ALARCON, PETRONILO C	
STREET ADDRESS	2953 APPLIEDALE RD	
CITY-ST-ZIP	AUDUBON PA 19406	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EBERT, E. JAMES	
STREET ADDRESS	12431 COCONUT CREEK CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAAHS, JANICE J	
STREET ADDRESS	1210 KINGSLEY CT	
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
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, or on an attachment with an address.

SIGNATURE: Janice J Haahs 3/2/99