

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90029 037 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1997**

4. FEI Number

**23-2756408**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBERT, E. JAMES**

**12431 COCONUT CREEK CT  
FT MYERS FL 33908**

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 removing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
HAAHS, TIMOTHY H  
1210 KINGSLEY CT  
LOWER GWYNEDD PA 19002**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCV  
ALARCON, PETRONILO C  
2953 APPLIEDALE RD  
AUDUBON PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EBERT, E. JAMES  
12431 COCONUT CREEK CT  
FT MYERS FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HAAHS, JANICE J  
1210 KINGSLEY CT  
LOWER GWYNEDD PA 19002**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCV  
ALARCON, PETRONILO C  
2953 APPLIEDALE RD  
AUDUBON PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCV  
ALARCON, PETRONILO C  
2953 APPLIEDALE RD  
AUDUBON PA 19406**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add  
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:

*[Signature]*

**3/2/99**

Date

Examiner's Name

0000201