

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L46221 (2)
1. Corporation Name
HAFT, STEINLAUF & COMPANY, INC.

Principal Place of Business 1200 S PINE ISLAND RD 475 PLANTATION FL 33324 US	Mailing Address 1200 S PINE ISLAND RD 475 PLANTATION FL 33324 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/01/1990 4. FEI Number 65-0176136 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

SCHOTTENFELD, DAVID J. ESQ.
2875 SOUTH UNIVERSITY DRIVE
DAVE FL 33328

10. Name and Address of New Registered Agent

81 Name SCHOTTENFELD, DAVID J. ESQ	85 Zip Code 33317
82 Street Address (P.O. Box Number is Not Acceptable) 7500 N.W. 5TH STREET	
83 Suite SUITE 203	
84 City PLANTATION	

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINLAUF, DANIEL P.	1.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD STE 475	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HAFT, GLENN R	2.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD / STE - 475	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAFT, CAROL	3.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD / STE - 475	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☒ Change ☐ Addition
NAME	STEINLAUF, STEPHANIE	4.2 NAME	
STREET ADDRESS	1200 S PINE ISLAND RD / STE - 475	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: GLENN R. HAFT 4/12/98 (954) 476-2020

CR2E034 (10/97)