

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000002712 (6)**

1. Corporation Name
H.A.S. INDUSTRIES, INC.



Principal Place of Business Mailing Address
H.A.S. INDUSTRIES INC
2950 NW 27TH ST
FT LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified **01/06/1993** 3a. Date of Last Report **05/11/1995**
4. FEI Number **65-0378005** 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 has liability for intangible tax under s 199.032, Florida Statutes 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
STEINER, JEFF
2201 NW 30TH PL
SUITE A
POMPANO BEACH FL 33069

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
NAME: **PSD SMALL LAWRENCE** DELETE
STREET ADDRESS: **2950 NW 27TH ST**
CITY-ST-ZIP: **FT LAUDERDALE FL**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5 1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/25/95** 305-777-3858
Daytime Phone #

CR2E034 (12/95)