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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000002712**1. Corporation Name

H.A.S. INDUSTRIES, INC.

1999

Principal Place of Business Mailing Address	i Marsi Marie Darie maria isar 1000; 1000 mar suur
H.A.S. INDUSTRES INC	
2950 NW 27TH ST 2950 NW 27TH ST	RITE IN THIS SPACE
FI LAUEDERDALE FE 33311	
US 3. Date Incorporated or Qualifit 01/06/1993	şu
2. Principal Place of Business 2a. Mailing Address 4. FEI Number .	Applied For
2. 1 milipar / idee of Education	Not Applicable
Suite Ant # etc. Suite Ant # etc.	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financin	9 \$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the c	
24 25 29 30 Personal Property Tax.	¥Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New	w Registered Agent
STEINER, JEFF	
2201 NW 30TH PL 82 Street Address (P.O. Box Number is Not Acce	eptable) :
SUITE A 83	s communication is a company of the design of the design of the company of the co
POMPANO BEACH FL 33069	
84 City	FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for to office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby according to the corporation of the	he purpose of changing its registered cept the appointment as registered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90055 024 ***150.00