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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90058 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 412824

1. Corporation Name
MAX HAUF, INC.

Principal Place of Business
5040 COMMONWEALTH DRIVE
SARASOTA FL 34242

Mailing Address
5040 COMMONWEALTH DRIVE
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1972

4. FEI Number

59-1481536

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3080 N. WASHINGTON BLVD

2a. Mailing Address

26 3080 N. WASHINGTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip Country

24 34243

25

Zip Country

29 34243

30

9. Name and Address of Current Registered Agent

HAUF, E. H.
5040 COMMONWEALTH DRIVE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

HAUF, E. H.

82 Street Address (P.O. Box Number is Not Acceptable)

9983 CHERRY HILLS AVE CIRCLE

83

BRADENTON

84 City

FL

85 Zip Code

34202

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

E. H. HAUF
Signature typed or printed name of registered agent and title if applicable.

E. H. HAUF

(NOTE: Registered Agent signature required when reinstating)

1-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME PYME, K. A.
STREET ADDRESS 13058 BARDMOOR ST.
CITY-ST-ZIP TAMPA FL

TITLE VS ☐ DELETE

NAME HAUF, SCOTT M.
STREET ADDRESS 13438 LA PLACE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE ASD ☐ DELETE

NAME HAUF, E. H.
STREET ADDRESS 5040 COMMONWEALTH DR.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

E. H. HAUF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99

Date

Daytime Phone #

355 1199

CR2E034 (11/98)