F COR ANNU	PROFIT PORATION JAL REPORT 1996	E AFTE	FLORIDA DEPARTMENT Sandra B. Mortha Secretary of Sta		T OF STATE					
	<u>1990 </u>	900								
1. Corporation	Name		(0)							
HASS	SCO INDUSTRIES, INC.									1 1 1 1 1 1 1 1 1 1
Principal Place	of Business	Maili	ng Address							
9012 BEAC 9012 BEAC	H BLVD.	!	9012 BEACH BLVD 9012 BEACH BLVD. JACKSONVILLE FL 32216							
US			US				3. Date Incorporated or Qualified 02/18/1985	3a . Da	te of Last R 04/19/1	
2. Principal Pla 21	ace of Business	2a. N	Mailing Address				4. FEI Number 59-2537702		-	Applied For Not Applicable
Suite, Apt. #	, etc.		luite, Apt. #, etc.				5. Certificate of Status Desired	Ū∕	\$8.75	Additional Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	29	ip	30 Cou	intry		This corporation has liability for in Florida Statutes Yes Yes	nlangible Nc	tax under s	199.032,
	9, Name and Address of Cu	rrent Register	red Agent		81	Name	10. Name and Address of New R	egistered	Agent	
HASSA	N, FRED S				82		ddress (P.O. Box Number is Not Acceptab	<u> </u>		
	BEACH BLVD					Street At	adress (r. c. box number is not Acceptab			
JACKS	ONVILLE FL 32216				83					
					84	City		Fil	85 Zı	Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F n, and accept the obligations of, S	Torida. Such d	nange was authorize	s, the abo d by the o	ve-r	named corp oration's b	poration submits this statement for the pur poard of directors. I hereby accept the appo			egistered office agent. I am
SIGNATURE _										
12.	Signature, typed or printed name of registered a OFFICERS	agent and title if appl AND DIRECTO		L Registered	l A gen	it signature req.	ired when reinstating! ADDITIONS/CHANGES TO OFF	DATE CERS (N	D DIBECTO	DRS (N. 12
TITLE	PD		☐ DELETE	1.11	ITLE		1.051.05.05.01.05.05.05.05.05.05.05.05.05.05.05.05.05.	021.071	Change	Addition
NAME	HASSAN, FRED S.			1.2 N	AME					
STREET ADDRESS	9012 BEACH BLVD JACKSONVILLE FL			1.3 ST	TREET	ADDRESS				
TITLE	S		DELFTE			iT - ZiP				1 1 1 1 1 1 1
NAME	HASSAN, ANN S.		Поили	2 1 T 2 2 N					☐ Change	☐ Addition
STREET ADDRESS	9012 BEACH BLVD					ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			2.4 Cr						
TITLE			☐ DELETE	3. 1 T					☐ Change	Addition
NAME				3.2 N/	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	3.4 CI		1 - Z(P			Ch	FT Addican
NAME			ال مردد ال	4. 1 To 4.2 Na					☐ Change	☐ Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CI						
TITLE			☐ DELETE	5. 1 T					☐ Change	Addition
NAME				5.2 N/	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		ריין חביי רייני	5 4 CI	•	T-ZIP			F1 6	·
TITLE NAME			DELETE	6 1 Ti					☐ Change	☐ Addilion
STREET ADDRESS				62 N/ 63 ST		ADDRESS				
				0.001	ORLE	· MODIFIED				

6.4 CITY-S1-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 any attachment with an address.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPE YPED OR PHINTED NAME OF SIGNING OFFICER OF

FRED J. HAJSAN 2/17/96 904-642-1600