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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H99154

(7)

HAAS PROFESSIONAL SERVICES COMPANY

FILED
May 11 1998 8:00am
Secretary of State



Drive should Dive	- I During	B. H. M. C. A. Malana and A. M.			DINDI NINDI NINDI NINDI NINDI NENI
Principal Plac		Mailing Address			
1519 SPINNAKEYS REACH		P.O. BOX 2203 PONTE VEDRA BEACH FL	99004	İ	
PONTE VEDRA BEACH FL 32082		US	. 32W <del>1</del>	DO NOT WRITE IN THIS SPACE	
		00		3. Date Incorporated or Qualified	
j				02/13/1986	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2650967	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23 •		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	g. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	<ul> <li>g. Name and Address of Curre</li> </ul>	ent Registered Agent		10. Name and Address of New Register	ed Agent
Brooks, haas j			81 Name	librods Haas	
42 TIFTON WAY SOUTH			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PONTE VEDRA BEACH FL 32082			151	9 SAMMAKENS REGEN	
			83	U	
			84 City Pc	nte Vetra Bah 🛛 🖡	L 85 Zip Code 2
11 Pursuant to the provisions of Socious 607 0502 and 607 1508. Florida Statutes, the above-pamed 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 contect name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	HAAS, J. BROOKS		1.2 NAME		
STREET ADDRESS	42 TIGTON WAY SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3	2082	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 1/TLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		1
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	_	<del></del>	6.2 NAME		• • • • • • • • • • • • • • • • • •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
0111-01-24	L		0.4 GH 1 - 31 - 21F		

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 suppliemental 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.