FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:45

DOCUMENT # J22538 (9)

1. Corporation Name
L.M. HAAS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1001 N US HWY ONE #304 JUPITER FL 33477 US	11891 US HWY ONE 1001 U.S. HWY. 1, SUITE 603 NORTH PALM BCH FL 33408 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1986	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2720867	☐ 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 1001 N US HWY ONE	26 11891 U.S. HWY ONE
Suite, Apt. #, etc. 22 Suite 801	Suite, Apt. #, etc. 27
City & State 23 Jupiter, FL	City & State 28 North Palm Beach, FL
Zip / Country 24 33477 / 25 US	Zip / Country 29 33408 / 30 US

9. Name and Address of Current Registered Agent

HUNSTON, W. JAY, JR.
11891 US HWY ONE
NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 (CR2E031, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HAAS, LOLA M.	12 NAME	
STREET ADDRESS	1001 N US HWY ONE #304	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, NORMA A.	22 NAME	
STREET ADDRESS	402 CLUBHOUSE CIR.	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KERNS, DORISMAE	32 NAME	
STREET ADDRESS	1104 CLUBHOUSE CIR.	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	KERNS, HUBIE J.	42 NAME	
STREET ADDRESS	620 RESOLANO DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADE CA	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	KOLAR, SHEREE K.	52 NAME	
STREET ADDRESS	19775 PRINCEWOOD DR.	53 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	
TITLE	DVP	61 TITLE	☐ Change ☐ Addition
NAME	KOLAR, KENNETH F.	62 NAME	
STREET ADDRESS	19775 PRINCEWOOD DR.	63 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	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)(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.

SIGNATURE: [signature] KENNETH F. KOLAR
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

2/8/95 (Date) 407/746-1448 (Daytime Phone #)

0247344 CP