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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J22538

(9)

1. Corporation Name

L.M. HAAS MANAGEMENT, INC.

Principal Place of Business

1001 N US HWY ONE
801
JUPITER FL 33477
US

Mailing Address

11891 US HWY ONE
1001 U.S. HWY. 1, SUITE 603
NORTH PALM BEACH FL 33408-3815
US



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
07/07/1986

3a. Date of Last Report
12/09/1996

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

9. Name and Address of Current Registered Agent

HUNSTON, W. JAY, JR.
515 N. FLAGLER DRIVE
SUITE 1900
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KOLAR, KENNETH F
STREET ADDRESS 20 SHADY LANE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE

NAME GRIFFIN, NORMA A.
STREET ADDRESS 1001 N US HWY ONE
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☐ DELETE

NAME KERNS, DORISMAE
STREET ADDRESS 19669 BEACH ROAD, UNIT D
CITY-ST-ZIP JUPITER ISLAND FL 33469

TITLE DVPT ☐ DELETE

NAME KERNS, HUBIE J.
STREET ADDRESS 620 RESOLANO DR.
CITY-ST-ZIP PACIFIC PALISADE CA 90272

TITLE DS ☐ DELETE

NAME KOLAR, SHEREE K.
STREET ADDRESS 20 SHADY LANE
CITY-ST-ZIP TEQUESTA FL 33469

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 do 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.

SIGNATURE:

Kenneth F. Kolar

Kenneth F. Kolar, Pres.

2/7/97 561-746-1448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000107

CR2E034 (9/96)