## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996	
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HAST, INC.  Find of Process  William D. Houracot  Za. Mainry Address  Za. Country  Za. Mainry Address  Za. Mainry Address  Za. Mainry Add	DOCUN 1. Corporation	MENT # <b>J3832</b>	28 (	7)						
Switchard Number   Switching	HAST,	INC.								
Total Desirot RAD   SARASOTA F I 3924	Principal Place	of Business	Mailing Address				-	AULI BARA I		OPPH DIDIN 1991
2.   Francipal Plane of Studeness   2a.   Mining Address   2a.   M	1701 DESOTO	ROAD	1701 DESOTO	ROAD						
Supply   S	ONTROOTE !	E GTEGT	SANAGOTA TI	- 04204						
Section   Sect		ce of Business	<b>⊢</b> ¬	ess						Applied For
City & State				-1-			59-2/28034			
City & State    Country   28	i 1	, etc.	<u> </u>	, eic.			5. Certificate of Status Desired			
Zip	City & State		City & State						\$5.0	0 May Be
Name and Address of Current Registered Agent	Zip	<u>├</u> ──1	Zip	<del> </del>	untry		8. This corporation has liability for i	ntangililie		
HALFACRE, WILLIAM D. 1701 DESOTO ROAD SARASOTA FL 34234   82   84   City	[24]			[30]	Γ.				1 Agent	
1701 DESOTO ROAD   SARASOTA FL 34234   84					81	Name	10.	9.0.0.0	a rigotii	
1.1					82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
B4   City						Otroct Modre.	33 (			
Part   Provisions of Sections 607.05.02 and 607.1508, Fonds Statutes, the above named corporation submas this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am in the component agent of the component agent a	SARASO	TA FL 34234			83					
For registered agent, or both, in the State of Honda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am feature with, and accept the obligations of Sociolis 607.0505, Floridas Stricture.    12.					84	City		F	85 Zi	p Code
SCINATURE    Square with, and accept the obligations of, Sociole (07.0505, Florida Statutes.)   POTE Registered Agent by alter novated when nevatering	11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florid	la Statutes, the abo	ove-r	amed corpora	tion submits this statement for the pur	pose of c	hanging its r	egistered office
NOTE   Regulative Company of the design in control production agree and post all systems   NOTE   Regulative Agent required when recovered when recovering   NOTE	familiar with	n, and accept the obligations of, Sec	ction 607.0505, Florida	Statutes.	corp	oration's board	of directors, mereby accept the appo	aratment a	as registered	ragent. ram
12.		Structure transitive minted over a physician band see	and most field if moval a skills	BIOTE: Dog eton	1 4	toward as another		5475		
HALFACRE, WILLIAM D.	F		The second secon	·	2 region	t agriature required			D DIRECTO	PRS IN 12
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SARASOTA FL	NAME .			1.2 N	AME					
DP				1.3 \$	TREET	ADDRESS				
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1701 DESOTO RD.   23 STREET ADDRESS		= -		i i					☐ Change	[] Addition
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CITY-ST-ZIP 64 CITY-ST-ZIP						1000000				
		certify that the information supplied	d with this filing is volun				the exemption stated in Section 119.	07(3)(k). f	lorida Statu	tes. 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 in chargled, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 351 6521

CR2E034 (12/95)