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May 13 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 # J48288

(1)

1. Corporation Name

HAAS CONSULTANTS, INC.

Principal Place of Business

622 SUPERIOR AVENUE
TAMPA FL 33606

Mailing Address

622 SUPERIOR AVENUE
TAMPA FL 33606-4017

3. Date Incorporated or Qualified
12/19/1986

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 506 S. Willow Ave.

Suite, Apt. #, etc.

22 #10

City & State

23 Tampa, Florida

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 506 S. Willow Ave.

Suite, Apt. #, etc.

27 #10

City & State

28 Tampa, Florida

Zip

29 33606

Country

30 USA

4. FEI Number

59-2749415

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

HAAS, ROBERT L.
622 SUPERIOR AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name Haas, Robert L.

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

83 506 S. Willow Ave #10

84 City TAMPA

FL

85 Zip Code 33606

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

4/24/97

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME HAAS, ROBERT L.
STREET ADDRESS 622 SUPERIOR AVENUE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME HAAS, LOIS F.
STREET ADDRESS 622 SUPERIOR AVENUE
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME HAAS, ROBERT
STREET ADDRESS 622 SUPERIOR AVENUE
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME HAAS, FELICE S.
STREET ADDRESS 622 SUPERIOR AVENUE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/24/97

CR2E034 (9/96)