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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J48288

111

FILED Feb 27 1998 8:00am Secretary of State

HAAS (CONSULTANTS, INC.	(•)) I A Dibir Ann Anna Anna Anna Anna Anna Anna Anna	AIAN BANA BANA ANAN ANAN
Principal Plac	e of Business	Mailing Address			
10		506 S WILLOW AVE			
TAMPA FL 33606		TAMPA FL 33606		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
9 Principal P	Place of Business	1 on Mailing Address		12/19/1986	
21	lacer or business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc.	26	,	59-2749415	\$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
Z lp	Country	Ζφ.	Country	8. This corporation owes or has paid the cu	
24	25		30		☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
HAAS, ROBERT L.			81 Name		
506 S WILLOW AVE, #10			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606			83		
			83		
			84 City	—	85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutos			the above named a	r_	
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	Silgnature, typied or prioted humor of regestered ager	of and title if applicable (NOTE	Registered Agent signature rei	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DV	DELETE	1.1 TITLE	DV	Change Addition
NAME	HAAS, ROBERT L.		1.2 NAME	HAAS, ROBERT L.]
STREET ADDRESS	622 SUPERIOR AVENUE		1.3 STREET ADDRESS	506 S. Willow Ave,#10)
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	☐ DELETE	2.1 TITLE	D	Change
NAME	HAAS, LOIS F.		2.2 NAME	HAAS, LOIS F.	
STREET ADDRESS	622 SUPERIOR AVENUE		2.3 STREET ADDRESS	506 S. WILLOW AVE.#10)
CHTY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL 33606	
TITLE	Ţ	☐ DELETE	3.1 TITLE	T	Change Addition
NAME	HAAS, ROBERT		3.2 NAME	HAAS, ROBERT L.	
STREET ADDRESS	622 SUPERIOR AVENUE		3.3 STREET ADDRESS	506 S. WILLOW AVE.#10	,
CITY-ST-ZIP	TAMPA FL	Прист	3.4. CITY - ST - ZIP	TAMPA FL 33606	
TITLE	\$ 	L. DELETE	4.1 TITLE	S	Change Addition
NAME ATREET (CORECO	HAAS, FELICE S.		4. 2 NAME	HAAS, FELICE S.	
STREET ADORESS	622 SUPERIOR AVENUE		4.3 STREET ADDRESS	506 S. WILLOW AVE.#10	
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	4.4 City - St - ZiP	TAMPA FL 33606	Observe Fill Address
NAME		ED OFFICE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		Change Padition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP					
9111-91-211			6 4 CITY-ST-ZIP		i

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 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 principles.