

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90037 003 ***150.00

DOCUMENT # J48288

1. Corporation Name
HAAS CONSULTANTS, INC.



Principal Place of Business
506 S WILLOW AVE
10
TAMPA FL 33606
US

Mailing Address
506 S WILLOW AVE
10
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 8801 Hunter's Lake Drive
Suite, Apt. #, etc.

27 #218
City & State

28 Tampa Florida
Zip Country

29 33647 30 U.S.A.

3. Date Incorporated or Qualified

12/19/1986

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HAAS, ROBERT L.
506 S WILLOW AVE, #10
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)

8801 Hunter's Lake Drive #218

83

84 City Tampa

FL

85 Zip Code 33647

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 DV
NAME HAAS, ROBERT L.
STREET ADDRESS 506 S. WILLOW AVE, #10
CITY-ST-ZIP TAMPA FL 33606

TITLE D
NAME HAAS, LOIS F.
STREET ADDRESS 506 S. WILLOW AVE. #10
CITY-ST-ZIP TAMPA FL 33606

TITLE T
NAME HAAS, ROBERT
STREET ADDRESS 506 S. WILLOW AVE. #10
CITY-ST-ZIP TAMPA FL 33606

TITLE S
NAME HAAS, FELICE S.
STREET ADDRESS 506 S. WILLOW AVE. #10
CITY-ST-ZIP TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME HAAS, ROBERT L.
1.3 STREET ADDRESS 8801 HUNTERS LAKE DRIVE #218
1.4 CITY-ST-ZIP TAMPA FLORIDA 33647

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99
Date

813-907-8188
Daytime Phone #

CR2E034 (11/98)