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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

000111	1996	- Control Control		DIVISION OF	F CORPORATIONS				
1. Corporation	<b>MENT</b> #	K9123	39	(9)					
HAFT	INSURANCE	AGENCY, INC	<b>).</b>			4 (8 8)8))( 8)8 (8)8) (18)8 (18)8 (18)8	1131 <b>0 (0</b> 11 410): 610:	<b>81811 B</b>	(8)/ 818)  8(8)( 11
Principal Place	of Business		Mailing Ad	Idress					
5315 NW 16	08TH WAY		•	NW 108TH W	ΔY	ļ			
CORAL SPE	RINGS FL 33076		CORAL	l springs fi	•				
00			US			3. Date Incorporated or Qualified	3a. Date of	Last R	eport
Principal Plac	ce of Business		2a. Mailing	Address		05/24/1989	02	/01/1	995
}	00 01 20011000		26	Address		4. FEI Number 65-0121007		-	Applied For
Suite, Apt. #	, etc.		Suite, A	Apt. #, etc.		5. Certificate of Status Desired			Not Applicational
City & State		• •	27		·				Required
Oity & State			City & S	state		Election Campaign Financing     Trust Fund Contribution			0 Мау Ве
Zip		untry	Zip		Country	8. This corporation has liability for			d to Fees
<u> </u>	25		29		30	Florida Statutes  Yes	□ No		. 50.002,
	9, Name and Ac	ddress of Current	Registered Ag	gent	81 Name	10. Name and Address of New R	Registered Age	nt	
HACT (	GARY S								
	W 108TH WAY				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	SPRINGS FL 33	3076			83				
	•				<b>84</b> City		8	15 Ziç	Code
familiar with	the provisions of S d agent, or both, in , and accept the ot	Sections 607.0502 at the State of Florida oligations of, Section	nd 607.1508, F Such change n 607.0505, Flo	Florida Statute was authorize orida Statutes	es, the above-named corpo ed by the corporation's boa 	oration submits this statement for the pur ard of directors. I hereby accept the appo	rpose of changir ointment as reg	ng its redistered	egistered offi agent. I am
familiar with GNATURE Si	, and accept the ob-	ections 607,0502 at the State of Florida. Digations of, Section name of registered agent and OFFICERS AND I	n 607.0505, Flo o title if applicable. DIRECTORS	orida Statutes	es, the above-named corporation's board by the corporation's board.  ITC: Registered Agent signal are required.	ard or directors. I hereby accept the appo	rpose of changir cintment as reg	istered	agent. I am
familiar with	, and accept the obgrature, typed or printed n	oligations of, Section name of registered agent and OFFICERS AND [	n 607.0505, Flo o title if applicable. DIRECTORS	orida Statutes	TE: Registered Agent signature require  13.  1.1 TITLE	ard or directors. I nereby accept the appx	Pose of changir continent as reg DATE	istered	agent. I am
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