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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K91239

(9)

HAFT INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address **3315 NW 108TH WAY** 5315 NW 108TH WAY **CORAL SPRINGS FL 33076** CORAL SPRINGS FL 33076-2743 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1989 03/19/1996 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 65-0121007 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Added to Fees Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAFT, GARY S 5315 NW 108TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** 83 84 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TO LE NAME HAFT, GARY S. 1.2 NAME 5315 NW 108TH WAY STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 111LE \_\_\_ Change Addition HAFT, MINDY S. 22 NAME 5315 NW 108TH WAY STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2.4 CITY-S1-7)P DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

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 dynoration or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 judnanged, or on an alyaciment with an indirects. 954) 245-8115

6.3 STREET ADDRESS

64 CITY-ST-ZIP