

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25641** (2)

1. Corporation Name

HAAS PUBLISHING COMPANIES, INC.

Principal Place of Business

**3119 CAMPUS DR.
NORCROSS GA 30071**

Mailing Address

**3119 CAMPUS DR.
NORCROSS GA 30071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1989

3a. Date of Last Report

05/16/1994

4. FEI Number

58-1858150

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. 120.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **METZ, ROBERT**
STREET ADDRESS **3119 CAMPUS DR.**
CITY-ST-ZIP **NORCROSS GA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V**
NAME **TILSON, RAYMOND**
STREET ADDRESS **3119 CAMPUS DR.**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **S**
NAME **GREEN, NADEEN**
STREET ADDRESS **3119 CAMPUS DR.**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **V**
NAME **PATTERSON, PATRICIA**
STREET ADDRESS **3119 CAMPUS DR.**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **V**
NAME **LEWIS, BARBARA**
STREET ADDRESS **1515 E TROPICANA 395**
CITY-ST-ZIP **LAS VEGAS NV**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T**
NAME **MINIOLE, MARK**
STREET ADDRESS **3119 CAMPUS DRIVE**
CITY-ST-ZIP **NORCROSS GA 30071**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**GARY AUSTIN
3119 CAMPUS DRIVE
NORCROSS GA 30071**

**GERRY PARKER
3119 CAMPUS DRIVE
NORCROSS GA 30071**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nadeen W. Green **ASS'T SEC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95
Date

404-446-6580
Telephone #