**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000059879

H.A.S., INC.

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90024 041 \*\*\*150.00



								415) ( <b>5010</b> (017 (08)
Principal Place of Business Mailing Address								
2626 COLLEGE AVENUE. EAST 2626 COLLEGE AVENUE.				\$T				
RUSKIN FL 33570		RUSKIN	FL 33570			DO MOT MOST IN THE COLOR		
						DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	
						08/17/1993		
2. Principal P	lace of Business	2a. Mail	ing Address			4. FEI Number		Applied For
21		26				59-3199315		Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.		*	5. Certificate of Status Desired		5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	е	City	& State			6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip		Country	7	8. This corporation owes the current year Int		
24	25	29	3	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of New Registered	Agent	
				81	Name			
	KLE, RICHARD F			82	Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del> i
5003 BONITA DR				02	Sileer Au	dress (1.0. box realined is reconceptable)		
WIM.	AUNA FL 33598			83				
							11-	
				84	City	. FL	85   Z	Zip Code
office pr	egistered agent, or both, in the Stam familiar with, and accept the ob	ate of Flonda. Si ligations of, Sec	ich change was aut tion 607.0505, Florid	tnorized by da Statute:	r the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment when reinstating)  DATE	mment as	
42		AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
12.	STD	7.4.12 0.1.120.10	DELETE	1.1 TITLE			Chan	
NAME	STICKLE, HELLEN			1,2 NAME				
	5003 BONITA DR			1	TADDRESS			
STREET ADDRESS	WMAMUMA FL			1.4 CITY-S				Ì
CITY-ST-ZIP	DP DP		☐ DELETE	2.1 TITLE	51-24		Chan	ge Addition
TITLE	STICKLE, RICHARD			2.2 NAME			_	_
NAME	2626 COLLEGE AVENUE EA	NOT.			T ADODECC	5003 BONITA DR		
STREET ADDRESS		401			TADORESS	WIMA.UNA FL 33578.		,
CITY-ST-ZIP	WIMAUMA FL		DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP	000000	Chan	nge
TITLE			C DELETE	1				
NAME				3.2 NAME		•		ļ
STREET ADDRESS					T ADDRESS			ļ
CITY-ST-ZIP			O DELETE	3.4. CITY-	ST-ZIP		☐ Chan	nge Addition
TITLÉ			☐ DELETE	4.1 TITLE		-		a
NAME				4. 2 NAME				
STREET ADDRESS					TADDRESS	•		
CITY-ST-ZIP				4 4 CITY-	ST-ZIP		Char	nge
TITLE			☐ DELETE	5.1 TITLE		·	. Chan	ige ∐ Addisolt
NAME				5.2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			part a 1 Mar
TITLE			☐ DELETE	6.1 TITLE			Chan	nge 📋 Addition
NAME				6.2 NAME				
OTDEET ADODESS				6.3 STREE	ET ADDRESS			}

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS