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

appears in Block 12 or Block 13

SIGNATURE:

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 416 90 MANAGE OF CORPORATIONS P93000065515 (7) DOCUMENT # **RUSS HAAS & ASSOCIATES, INC.** Principal Place of Business Mailing Address 144 JADE WAY 144 JADE WAY LAKE PLACID FL 33852 LAKE PLACID FL 33852 3a. Date of Last Report 03/21/1995 Date Incorporated or Qualified 09/21/1993 2. Principal Place of Business 4. FEI Number 2a. Mailino Address Applied For 65-0437779 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAAS, RUSSELL E 82 Street Address (P.O. Box Number is Not Acceptable) 144 JADE WAY LAKE PLACID FL 33852 83 84 City 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 Signal are typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. P. D.T TITLE DELETE Change 1. 1 TITLE ☐ Addition HAAS, RUSSELL E NAME 1.2 NAME CR2E034 144 JADE WAY STREET ADDRESS 1.3 STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE V, D,S TITLE Addition 2 1 TITLE ☐ Change NAME 2.2 NAME Haas, Marie STREET ADDRESS 2.3 STREET ADDRESS 144 JADE WAY Lake Placed, FL 33852 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST-ZIP T DELETE TITLE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 44 CHY+ST-ZIP TITLE DELETE Change 5 1 TITLE Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZIP 6.4 CITY-ST-ZIP 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 119.07(3)(k). 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 beceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Russell E. HAMS) GON 8, 1896 941-465 9320