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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300065515 (7)

RUSS	HAAS & A	Associates, II	NC.	•		į			
Principal Place of Business Mailing Address							d emplamment bisk imbom bedet mater ## file office	r wasen moint with bilds	1001 0111 1001
144 JADE WAY LAKE PLACID FL 33852 LAKE PLACID FL 33852							DO NOT WRITE IN THIS SPACE		
							 Date Incorporated or Qualified 09/21/1993 		
2. Principal P	lace of Busin	ness	2a. Mailing Address				4. FEI Number		Applied For
21			26				65-0437779		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc	├ 			5. Certificate of Status Desired		Additional Required
City & State	ө		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip			Zφ				8. This corporation owes or has paid the current year Intangible		
24			29				Personal Property Tax due June 30. Yes No		
			rrent Registered Agent				10. Name and Address of New Reg	Istered Agent	
HAAS, RUSSELL E					Name				
	i j <mark>ade</mark> wa			82 Street Add			dress (P.O. Box Number is Not Acceptable)		
LAKE PLACID FL 33852					33				
				L					
					34 City			FL 85 Zi	p Code
11, Pursuant office or r	ions of Sections 607 jent, or both, in the S th, and accept the o	.0502 and 607.1508, Florida S state of Florida. Such change obligations of, Section 607.050	itatutes, the ab was authorized 5. Florida Stati	ove-named by the corp tes.	corpor	ation submits this statement for the puls board of directors. I hereby accept	urpose of changing the appointment	lts registered as registered	
SIGNATURE		·	d agout and lefe if applicable	(NOTE: Registered		required	when reinstaling)	DATE	
12.	0.		AND DIRECTORS	13.	- Gora e granore		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
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CITY-ST-ZIP					-ST-ZIP				ł
TITLE			DELETE					Change	Addition
NAME				6.2 1144		1		_ •	-

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 of the receiver or true 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 or an attachment with an iddress.

SIGNATURE

6.3 STREET ADDRESS