

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070038

1. Corporation Name

Haven 701, Inc.

FILED

99 NOV 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

Mailing Address

10598 N.W. South River Drive
Medley, Florida 33178

(SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-08-1993

4. FEI Number

65-0450480

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Office Address

2a. Mailing Address

21

26

Suite Apt. #, etc.

22

27

City & State

23

28

Zip

24

29

Country

9. Name and Address of Current Registered Agent

Harold Aibel

10598 N.W. South River Drive
Medley, Florida 33178

81 Name

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

83

84 City

FL

85 Zip Code

11. I, the undersigned, certify that 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 agent, and I, the undersigned, hereby accept the obligations of, Section 607.0505, Florida Statutes.

12. Signature of Registered Agent

Harold Aibel, President

(NOTE: Registered Agent signature required when reinstating)

10/22/99

13. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D/P/S

☐ DELETE

Harold Aibel

10598 N.W. South River Drive
Medley, Florida 33178

☐ DELETE

Director

Eleanor Aibel

10598 N.W. South River Drive
Medley, Florida 33178

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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V. SHEPARD DEC 1 1999

14. I, the undersigned, 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 furnished in this 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 authorized officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report or supplemental annual report with my address, with all other like empowered

SIGNATURE

Harold Aibel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99

Date

Typed or Printed Name

CR2E034 (11/98)