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FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000018815 (8)

1. Corporation Name

ANDROCLES, INC.



Principal Place of Business

Mailing Address

2708 ALT 19 N  
STE 601  
PALM HARBOR FL 34684

2708 ALT 19 N  
STE 601  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

59-3224601

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2827 ALT 19 N

2a. Mailing Address

26 2827 ALT 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR FL

24 34684 25 USA

26 34684 27 USA

City & State

28 PALM HARBOR FL

City & State

29 34684 30 USA

9. Name and Address of Current Registered Agent

HAFT, ALAN SCOTT  
2708 ALT 19 N  
STE 601  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name HAFT, ALAN SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)  
2827 ALT 19 N

83

84 City Palm Harbor FL 85 Zip Code 34684

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 HAFT, ALAN SCOTT President 4/16/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME HAFT, GAIL  
STREET ADDRESS 2708 ALT 19 N #601  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ DELETE

NAME HAFT, MARTIN  
STREET ADDRESS 2708 ALT 19 N #601  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PD ☐ DELETE

NAME HAFT, ALAN  
STREET ADDRESS 2708 ALT 19 N #601  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ DELETE

NAME SHANK, ROBERT  
STREET ADDRESS 2708 ALT 19 N #601  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ DELETE

NAME SHANK, JUDITH  
STREET ADDRESS 2708 ALT 19 N #601  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2827 ALT 19 N  
1.4 CITY-ST-ZIP PALM HARBOR FL 34684

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2827 ALT 19 N  
2.4 CITY-ST-ZIP PALM HARBOR FL 34684

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2827 ALT 19 N  
3.4 CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 2827 ALT 19 N  
4.4 CITY-ST-ZIP PALM HARBOR FL 34684

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 2827 ALT 19 N  
5.4 CITY-ST-ZIP PALM HARBOR FL 34684

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS ROBERT BUCHHOLZ  
6.4 CITY-ST-ZIP 2827 ALT 19 N  
PALM HARBOR FL 34684

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.

SIGNATURE: [Signature] 4/16/98 813 7818701

CP2E034 (10/97)