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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000050979 (1)**

1. Corporation Name

HAA SERVICE CORPORATION

Principal Place of Business

6365 TAFT STREET
SUITE 2000
HOLLYWOOD FL 33024

Mailing Address

6365 TAFT STREET
SUITE 2000
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified: **07/11/1994**

3a. Date of Last Report: **07/21/1995**

4. FEI Number: **65-0505754** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 400 SAWGRASS CORPORATE PWY
22 Suite, Apt. #, etc.
23 City & State: SUNRISE, FLORIDA
24 Zip: 33325
25 Country

2a. Mailing Address
26 400 SAWGRASS CORPORATE PWY
27 Suite, Apt. #, etc.
28 City & State: SUNRISE, FLORIDA
29 Zip: 33325
30 Country

9. Name and Address of Current Registered Agent

MORRIS, C. GREGORY
6365 TAFT STREET
SUITE 2000
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: JONES, MICHAEL F.
82 Street Address (P.O. Box Number is Not Acceptable): 400 SAWGRASS CORPORATE PARKWAY
83
84 City: SUNRISE **FL** 85 Zip Code: 33325

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: [signature] DATE: 5/9/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BUCCELLATO, CARL	
STREET ADDRESS	6365 TAFT STREET, SUITE 2000	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☒ DELETE
NAME	STEWART, MELVIN	
STREET ADDRESS	6365 TAFT STREET, SUITE 2000	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VPT	☐ DELETE
NAME	GREGORY MORRIS	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VPS	☐ DELETE
NAME	MICHAEL JONES	
STREET ADDRESS	6365 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

$P 5/10

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
1.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	
2.1 TITLE	300001 ☒ Change ☐ Addition	
2.2 NAME	-05/14/96--01131--003	
2.3 STREET ADDRESS	****200.00 ****200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE	VPTD	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY	
4.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	KAREN CHILDRESS	
5.3 STREET ADDRESS	1100 SAWGRASS CORPORATE PARKWAY	
5.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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] 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR