

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 10 1997 8:00am
Secretary of State**DOCUMENT # P94000050979 (1)**

1. Corporation Name

HAA SERVICE CORPORATION

Principal Place of Business

**400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325**

Mailing Address

**400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325-6235**

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JONES, MICHAEL F
400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325**

10. Name and Address of New Registered Agent

81 Name

KAREN CHILDRESS

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

400 SAWGRASS CORPORATE PKWY

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 type: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

3/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETENAME **BUCCELLATO, CARL**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**TITLE **S** ☐ DELETENAME **CHILDRESS, KAREN**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**TITLE **VTD** ☐ DELETENAME **GREGORY MORRIS**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**TITLE **VPS** ☒ DELETENAME **JONES, MICHAEL**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

(954) 845-9100

Daytime Phone #

CR2E034 (9/96)