

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1994

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**CHILDRRESS, KAREN
400 SAWGRASS CORPORATE PWY
SUNRISE FL 33325**

10. Name and Address of New Registered Agent

81 Name **Cynthia Starrett**

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 *Cynthia Starrett*

Cynthia Starrett **9/10/98**

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 **DP** ☐ DELETE

NAME **BUCELLATO, CARL**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **S** ☐ DELETE

NAME **CHILDRRESS, KAREN**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **VTD** ☐ DELETE

NAME **GREGORY MORRIS**
STREET ADDRESS **400 SAWGRASS CORPORATE PWY**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Kenneth Harthausen**
1.3 STREET ADDRESS **400 Sawgrass Corporate Pkwy**
1.4 CITY-ST-ZIP **Sunrise, FL 33325**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Howard Wolk**
2.3 STREET ADDRESS **400 Sawgrass Corporate Pkwy**
2.4 CITY-ST-ZIP **Sunrise, FL 33325**

3.1 TITLE **V** ☐ Change ☐ Addition

3.2 NAME **Evan Rothman**
3.3 STREET ADDRESS **400 Sawgrass Corporate Pkwy**
3.4 CITY-ST-ZIP **Sunrise, FL 33325**

4.1 TITLE **S** ☒ Change ☐ Addition

4.2 NAME **Nathan Wolk**
4.3 STREET ADDRESS **400 Sawgrass Corporate Pkwy**
4.4 CITY-ST-ZIP **Sunrise, FL 33325**

5.1 TITLE **T** ☒ Change ☐ Addition

5.2 NAME **Cynthia Starrett**
5.3 STREET ADDRESS **400 Sawgrass Corporate Pkwy**
5.4 CITY-ST-ZIP **Sunrise, FL 33325**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Addition
6.3 STREET ADDRESS ☐ Addition
6.4 CITY-ST-ZIP ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Cynthia Starrett*

Cynthia Starrett

9/10/98

CR2E034 (5/98)