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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400068869 (4)

HABERLEIN ENTERPRISES, INC.

Principal Place o	f Business
78 SW 15 AVE	33486

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



79 SW 15 AVE 79 SW 15 AVE BOCA RATON FL 33486 80CA RATON FL 33486-4457								
			3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 02/13/1996				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21 866	ゝ < ぃ、 15 [™] ST	26			65-0529043	1	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired S8.75 Addition Fee Required			
City & State City & State City & State 23 BCCA RATON, FL 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24 334	4 33486 25 USA 28 € 30			у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
MAR	CHBANKS, LAWRENCE J		8.	81 Name				
4800 N FEDERAL HIGHWAY SUITE 101E BOCA RATON FL 33431			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
			8:	3				
			8	4 City		FL 85 Zip	Code	
44 D	to the provisions of Continue FOT DEDO	and 607 1509 Florida Statut	los tho abo	vo namod	cornection submits this statement for the r		its registered	
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.								
	m tamiliar wan, and accept the obligati	ons of, Section 007,0000, m	onda Siaidi	Jō.				
SIGNATURE .	Signature Typeu or printed name of registered agent	and little if applicable (NOT	E: Registered A	gent signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.	T	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE			Change	Addition	
NAME	HABERLEIN, JOHN A JR		1.2 NAM	:			j	
STREET ADDRESS	79 SW 15 AVE		1.3 STRE	et adoress				
CITY - ST - ZIP	BOCA RATON FL 33486		1.4 CłTY	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAM					
STREET ADDRESS			2.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP			2. 4 C(TY	-ST-ZIP				
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NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	et address				
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TITLE		☐ DELETE	4.1 TITLE			L. Change	Addition	
NAME			4. 2 NAM	E "		,		
STREET ADDRESS	·		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
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NAME			5.2 NAM	E .			}	
STREET ADDRESS			5.3 STRE	et address		I		
CiTY+ST+ZiP			5.4 CITY	- ST - ZIP				
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NAME			62 NAM	E.	:			
STREET ADDRESS			6.3 STRE	et address			ĺ	
CHTY-ST-ZIP	\		6.4 CITY	-SY-ZIP				
14. I do heret	by certify that the information supplied	with this filing does not qual	ify for the e	kemption s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the	

I am an officer or director of the contraction 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 1411 appears or an attachment with an address.

Daytime Phone #