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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000045336 (1)

1. Corporation Name

HAUN SYSTEMS REPAIR, INC.

Principal Place of Business

Mailing Address

230 ERNESTINE ST
ORLANDO FL 32801
US

230 ERNESTINE ST
ORLANDO FL 32801-3622
US

2. Principal Place of Business

2a. Mailing Address

21 420 PIEDMONT ST

26 420 PIEDMONT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32806

25 USA

29 32806

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUN, GARY S
230 WEST ERNESTINE STREET
ORLANDO FL 32801

81 Name GARY S. HAUN
82 Street Address (P.O. Box Number is Not Acceptable)
420 PIEDMONT ST
83
84 City ORLANDO FL 85 Zip Code 32806

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	HAUN, GARY S	914 KERWOOD CIRCLE	OVIEDO FL	<input type="checkbox"/>
STD	HAUN, LINDA M	914 KERWOOD CIRCLE	OVIEDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

GARY S. HAUN

4-25-97

407-872-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0082320

CR2E034 (9/96)