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

Mailing Address

836 11TH COURT, S.W.

2a. Mailing Address

26

VERO BEACH FL 32962-4430

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

836 11TH COURT, S.W.

VERO BEACH FL 32962

21



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000033358 (8)

STEPHEN P. HAAS AUTO'S PLUS INC.

Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 🗷 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAAS, STEPHEN P 836 11TH COURT, S.W. 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32962 **B3** 8 City Zip Code 85 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, typed or printed name of tog steroid agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition THE 1.1 TITLE HAAS, STEPHEN P 1.2 NAME 836 11TH COURT, S.W. STREET ADORESS 1.3 STREET ADDRESS VERO BEACH FL 32962 CHIY-ST-ZIE 1.4 CITY-ST-ZIP DELETE Change Addition THRE 2.1 TITLE 22 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TILE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IF 3.4. CITY-\$T-ZIP DELETE Addition Change TITLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 1/11/18 5.1 TITLE Change Addition MAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHTY-ST-ZIP DELETE Addition TILE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS **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

FILED Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

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3. Date Incorporated or Qualified

65-0661864

04/17/1996

4. FEI Number