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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033358

NAME

STREET ADDRESS

STEPHEN P. HAAS AUTO'S PLUS INC.

STEFFILI	N F. HARS ROTO O TEO	0 ,110.					
Principal Place	e of Business	Mailing Address			[() + 11168 11186 11181 PI	
836 11TH COURT. S.W. 836 11TH COURT. S.W.							
VERO BEACH FL 32962 VERO BEACH FL 32962					DO NOT WRITE IN THE	IS SPACE	
					3. Date Incorporated or Qualifed	3 SFACE	
					04/17/1996		
		2a. Mailing Address		 	4. FEI Number	App	lied For
Z. 1 molpar times of Desires					65-0661864	<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Ac	dditional
					5. Certifcate of Status Desired Fee Required		
22					6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year I	ntangible	
24	25		30		Personal Property Tax.	Δ	□No
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of New Registere	a Agent	
	e etenuen n		i				
HAAS, STEPHEN P				82 Street Add	ress (P.O. Box Number is Not Acceptable)		1
836 11TH COURT, S.W. VERO BEACH FL 32962				83		\$ \$ 15 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
VER	U DEACH FE 32302		1	63			
1				84 City		85 Zip C	ode "
		.0502 and 607.1508, Florida Statute tate of Florida. Such change was at bligations of, Section 607.0505, Flor			poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE:	Registered /	Agent signature require			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE j		Change	Audition
NAME	HAAS, STEPHEN P		1.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962			Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TIT				
NAME			2.2 NA				
STREET ADDRESS	6			REET ADDRESS			Ì
CITY-ST-ZIP		DELETE	2. 4 CI 3.1 TIT	TY-ST-ZIP		☐ Change	Addition
TMLE	1		3.2 NA				Í
NAME				REET ADORESS			
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CITY-ST-ZIP		☐ DELETE	4.1 TIT		The state of the s	, Change	Addition
TITLE			4. 2 NA		•		j
NAME OTDEET ADDRESS				REET ADDRESS		-	
STREET ADDRESS				ry-st-zip			
TITLE		☐ DELETE	5.1 TIT			☐ Change	☐ Addition
NAME			5.2 NA	ME	· · · · · · · · · · · · · · · · · · ·		1
STREET ADDRESS	s		5.3 ST	REET ADORESS			
CITY-ST-ZIP			5.4 CF	ry-st-zip	<u> </u>		
TITLE	 	☐ DELETE	6.1 TIT	TLE .		☐ Change	Addition

14. I 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, with all other like empowered. CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90025 041 ***150.00