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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033712 (6)

100 1 10 10 11

HAUGHT & ASSOCIATES, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business 1516 SILVER FOX CIRLCE APOPKA FL 32712 2. Principal Place of Business 21 2735 West Ponkan Rd Suite, Apt. #, etc.		Mailing Address P O BOX 146 APOPKA FL 32704-0146 2a. Mailing Address 26 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1996 4. FEI Number 59-3379660 Not Applicable \$8.75 Additional			
22 City & State 23 APOF 24 3271		27 City & State 28 Zip 29 30	Country		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation owes or has paid Personal Property Tax due June 30	\$5 Ad	i.00 May Be ded to Fees ar Intangible
9, Name and Address of Current Registered Agent HAUGHT, MARTHA A 1516 SILVER FOX CIRLCE APOPKA FL 32712				Name Street Add	10. Name and Address of New Regis)	Zıp Code
SIGNATURE	Signature, typed or postercoarbo of registered ag	OPT AND THE CHORS DELETE		ni signature requ	poration submits this statement for the purition's board of directors. I hereby accept to the state of the st	DATE	CTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP HAUGHT, DAVID -1516 SILVER FOX CIPLCE APOPKA FL 32712	□ DELETE 2735 W. PonkanRd. □ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS		Cha	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET 3.4 CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS		☐ Cha	ange 🔲 Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS		Cha	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET 6.4 CITY-S				

14. Thereby 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 13 if changed, or on an attachment with an address.

11 10 06