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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 05 1998 8:00am

Secretary of State

P97000028718 (9) DOCUMENT #

DOUGLAS K. HAAS & ASCOCIATES, INC.

Principal Place of Business Mailing Address 2409 N.E. 27TH TERRACE 2409 N.E. 27TH TERRACE FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0746712 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes ₩_o 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 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 physitions of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition TITLE 1.1 TITLE HAAS, DOUGLAS K NAME 1.2 NAME 2409 N.E. 27TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33305 1.4 CITY - \$1 - ZIP CITY-ST-ZIP SD DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE HAAS, CAROLANNE 2.2 NAME NAME **2409 N.E. 27TH TERRACE** STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33305 CITY-ST-ZIP 2. 4 CITY-ST-ZIF DFLETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

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 chapter, or on an attachment with an address.

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