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Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000033526 (9)

1. Corporation Name
HAASE POSNER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5137 PINE ABBEY DR S WEST PALM BEACH FL 33415	5137 PINE ABBEY DR S WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1997

2. Principal Place of Business	2a. Mailing Address
21 1400 E. HILLSBORO BLVD	26 1400 E. HILLSBORO BLVD #100
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc. 27 #100
City & State 23 DEERFIELD BCH FL	City & State 28 DEERFIELD BCH FL
Zip / Country 24 33441 / 25	Zip / Country 29 33441 / 30 BROWARD

4. FEI Number: 65-0746951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POSNER, GARY D 5137 PINE ABBEY DR S WEST PALM BEACH FL 33415	81 Name: GARY POSNER 82 Street Address (P.O. Box Number is Not Acceptable): 21205 NE 36th AVE #906 83 84 City: AVENTURA FL 85 Zip Code: 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. DIRECT.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARY POSNER		1.2 NAME	
STREET ADDRESS	21205 N.E. 34th AVE. APT 906		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP	
TITLE	SEC.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IRVING HAASE		2.2 NAME	
STREET ADDRESS	3201 S. OCEAN BLVD #PH2		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	100002556741
STREET ADDRESS			6.3 STREET ADDRESS	-06/11/98--01045--048
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

SIGNATURE: Gary Posner 4-25-98 954-538-5145