

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90098 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000103768

1. Corporation Name
H & A SERVICES, INC.



Principal Place of Business
 9665 N.W. 76TH COURT
 TAMARAC FL 33321

Mailing Address
 9665 N.W. 76TH COURT
 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1997

4. FEI Number
65-0795162 Applied For
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **10972 Brown Trout Circle**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **10972 Brown Trout Circle**
 Suite, Apt. #, etc.

22 City & State
 23 **Orlando, Florida**

27 City & State
 28 **Orlando, Florida**

24 Zip **32825** 25 Country **U.S.**
 29 Zip **32825** 30 Country **U.S.**

9. Name and Address of Current Registered Agent

SLUTSKY, ERWIN HOWARD
 9665 N.W. 76TH COURT
 TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name **Howard Slutsky**

82 Street Address (P.O. Box Number is Not Acceptable)
10972 Brown Trout Circle

83

84 City **Orlando** 85 Zip Code **FL 32825**

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 Howard Slutsky DATE **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SLUTSKY, ERWIN HOWARD	1.2 NAME	President
STREET ADDRESS	9665 N.W. 76TH COURT	1.3 STREET ADDRESS	Andrea Russell
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	10972 Brown Trout Circle
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Secretary/Treasurer
STREET ADDRESS		2.3 STREET ADDRESS	Howard Slutsky
CITY-ST-ZIP		2.4 CITY-ST-ZIP	10972 Brown Trout Circle
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Howard Slutsky SIGNATURE REQUIRED: Howard Slutsky Secretary/Treasurer DATE **4/26/99**
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (1/98)