FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortiam

Secretary of State DIVISION OF CORPORATIONS

## P97000105872 (0)

**FILED** Feb 10 1998 8:00am Secretary of State

HAIH S	SOLUTIONS, INC.				
Principal Plac	e of Business	Mailing Address			
,	UNIVERSITY DRIVE	7180 NORTH UNIVERSI	TY DRIVE		
TAMARAC FL 33321 TAMARAC FL 33321					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
6 Principal S	Place of Business	2a. Mailing Address			12/16/1997 4. FEI Number Applied For
	nace or business	26. Walking Address			4. FEI Number Applied For Not Applied For Not Applied For
21 Suite, Apt.	# ptc	Suite, Apt. #, etc.			\$8.75 Additional
22	.,	27			5. Certificate of Status Desired Fee Required
City & Stat	96	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. XYes No
	g, Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New Registered Agent
	)LBERT, DENISE		8	1 Name	ne
	80 N.W. 28TH PLACE		8	2 Street	et Address (P.O. Box Number is Not Acceptable)
SU	INRISE FL 33322		L		
			6	3	
			8	4 City	85 Zip Code
				ــــــــــــــــــــــــــــــــــــــ	FL   s   z   p   cons
11. Pursuant office or r	to the provisions of Sections 607 056 registered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	ites, the abo authorized l	ve-named by the con	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statut	es.	
SIGNATURE	<del></del>				
12.	Signature, typod or profed name of registered ag	VD DIRECTORS /	13.	gent signature	ture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 11148		Change Addition
NAME	STEINBERG, JILL	$\sim$	1.2 NAM		
STREET ADDRESS	9759 N.W. 20TH STREET	<b>,</b> ,		ET ADDRESS	a
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY		
TITLE	D	DELETE	2.1 TITLE		Phes.dent Change Addition
NAME	COLBERT, DENISE		2.2 NAM	Ē	Colbect Denise
STREET ADDRESS	8460 N.W. 28TH PLACE		2 3 STRE	ET ADDRESS	20,000 H.M. 333555
CITY-ST-ZIP	SUNRISE FL 33322		2 4 CITY	-ST-ZIP	
TITLE	D	NELETE	3.1 TITLE		Vice President
NAME	SELLITTO, JENNIE		3.2 NAM		Sellitto Jennie
STREET ADDRESS	8377 NORTH CORAL CIRCLI		3.3 STRE	ET ADDRESS	NOTH FUNDANGER (33008
CITY-ST-ZIP	NORTH LAUDERDALE FL 33	068	3.4 CITY	- ST - ZIP	MOTHY FUNGERGERY , 2330PB
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAV	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	s
CITY - ST - ZIP			4.4 CiTY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	s
CITY - ST - ZIP			5.4 CITY		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAMÉ			6.2 NAM		
STREET ADDRESS			6.3 STRE	ET ADDRESS	S
CITY-ST-ZIP			6.4 CITY	ST-ZIP	<u> </u>

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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 I/Changed, or on an attachment with an address.