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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075921

1. Corporation Name

HAAS PROPERTIES, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90078 009 ***150.00



Principal Place	of Rusiness	Mailing Address				- I I#BI(##) (\$#)#\$#) (#I) ##	i dá lít ha tti dálit i	888 1 8 111 8 1 9 11	. 11301 1101 1031
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102211100012 00010						DO NOT WRITE IN THIS SPACE			
ł					•	3. Date Incorporated or Qualif	ed		
ļ						09/01/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				45-0860	787		ot Applicable
	# etc.	Suite, Apt. #, etc.						\$8.75	Additional
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired		Fee R	equired	
City & State		City & State			6. Election Campaign Financin	1g	\$5.00	May Be	
23		28				Trust Fund Contribution	" D :	Added	to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the o	urrent year Int	angible	
24	25	29	30			Personal Property Tax.	ŕ	Yes	□No
24	9. Name and Address of Curren		1771	T		10. Name and Address of Ne	w Registered	Agent	
	•			81	Name		-		1
HAA:	S, THOMAS J				<u> </u>	(D.C. David No. in No. in No.			
1212	BUCHANAN STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33019								
[83					
				84	City		FL	85 Zip	Code
\	to the provisions of Sections 607.050	22 and CO7 1500 Florida Sta	tutos the s	above.	named corn	oration submits this statement for	the numose of	changing it	s registered
affine or r	asistored agent or both in the State	of Florida, Such change wa	s authorize	ed by ti	na comoratio	on's board of directors. I hereby ac	cept the appoi	ntment as r	egistered
	on familiar with and account the obliga	C U CO7 (EOF							i
agent. i ai	ili jailiniai witii, ario accept tile obliga	itions of, Section 607.0505,	Florida Stat	iuies.					
SIGNATURE			Flonda Stai				DATE		
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. {Ni	TE: Registere	d Agent		d when reinstating)	DATE OFFICERS AN	ID DIRECT	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (No. 1) DIRECTORS	DTE: Registere	d Agent		d when reinstating) ADDITIONS/CHANGES TO			
SIGNATURE 12. IIILE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. {Ni	DTE: Registerer 13.	d Agent				ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D HAAS, THOMAS J	nt and title if applicable. (No. 1) DIRECTORS	DTE: Registerer 13. 1.1 T	ITLE	signature required				
SIGNATURE 12. IIILE	Signature, typed or printed name of registered age OFFICERS AN D HAAS, THOMAS J 1212 BUCHANAN STREET	nt and title if applicable. (No. 1) DIRECTORS	DTE: Registerer 13. 1.1 T 1.2 N	ITLE NAME	signature required				
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14. 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TORE REQUIRED

954 929-9562