

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

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90182 050 \*\*\*150.00

05/25/98

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000003705

1. Corporation Name  
**HAFER & ASSOCIATES CORPORATION**



Principal Place of Business: 621 N. BRYAN FT. COLLINS CO 80521-1605  
 Mailing Address: 621 N. BRYAN FT. COLLINS CO 80521-1605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	14041 U.S. HWY 1	26		06/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	SUITE C	27		84-0744537	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	JUNO BEACH, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33408	29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAFER, GUNTER B 14041 US HWY. 1, STE. C JUNO BEACH FL 33408				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
FL							

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFER, GUNTER B	1.2 NAME	
STREET ADDRESS	14041 US HWY. 1, STE. C	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DENISE M	2.2 NAME	TIMOTHY HAFER
STREET ADDRESS	1600 WEST FIRST ST.	2.3 STREET ADDRESS	2901 ELVADO
CITY-ST-ZIP	LOVELAND CO 80537	2.4 CITY-ST-ZIP	LOVELAND, CO. 80537
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, KAREN	3.2 NAME	PATRICIA TURNER
STREET ADDRESS	621 N. BRYAN	3.3 STREET ADDRESS	4602 CAPTAINS WAY
CITY-ST-ZIP	FT. COLLINS CO 80521-1605	3.4 CITY-ST-ZIP	JUPITER, FL. 33477
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: *Katherine Harris* DATE: 2-19-99 DAYTIME PHONE #: 910-484-2206

CR2E034 (11/98)