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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L61992 (8)**

1. Corporation Name
HAUSYS, INC.

Principal Place of Business Mailing Address

556 KINGSLEY AVE. ORANGE PARK FL 32073 **556 KINGSLEY AVE. ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/28/1990** 3a. Date of Last Report **05/09/1994**

2. Principal Place of Business 2a. Mailing Address

21 **9507 Ocean Shore Dr.** 26 **9507 Ocean Shore Dr.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Marineland FL** 28 **Marineland FL**

24 **32086-9602** 25 **Flagler** 29 **32086-9602** 30 **Flagler**

4. FEI Number **59-3002534** Applicant 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HAUSY, AIMEE JO
556 KINGSLEY AVE.
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) **9507 Ocean Shore Dr.**

83

84 City **Marineland** FL 85 Zip Code **32086-9602**

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 _____

(Separate, typed or printed names of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSY, WILFRIED	1.2 NAME	
STREET ADDRESS	156 TURTLE COVE CT.	1.3 STREET ADDRESS	
CITY ST ZIP	S PONTE VEDRA BCH FL	1.4 CITY ST ZIP	Zip = 32082
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSY, AIMEE JO	2.2 NAME	
STREET ADDRESS	156 TURTLE COVE CT.	2.3 STREET ADDRESS	
CITY ST ZIP	S PONTE VEDRA BCH FL	2.4 CITY ST ZIP	Zip = 32082
TITLE		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		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Aimee Jo Hausy* *Aimee Jo Hausy* **03-31-95** **(904) 471-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Signature)