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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000049870 (7)**

1. Corporation Name
HAAS AND CASTILLO, P.A.

Principal Place of Business	Mailing Address
STE. #109. 19345 US 19 N. ARBOR SHORELINE OFFICE PARK CLEARWATER FL 34624	STE. #109. 19345 US 19 N. ARBOR SHORELINE OFFICE PARK CLEARWATER FL 34624-3198

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business
21: 19321-C US. Hwy 19N
Suite, Apt. #, etc
22: Suite 401
City & State
23: Clearwater, FL
Zip: 24: 34624 Country: 25:

2a. Mailing Address
26: 19321-C US. Hwy 19 N
Suite, Apt. #, etc
27: Suite 401
City & State
28: Clearwater FL
Zip: 29: 34624 Country: 30:

4. FEI Number: 59-3192211 ☐ Applied 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

CASTILLO, MARCUS A
SUITE 109, 19345 U.S. 19 N.
ARBOR SHORELINE OFFICE PARK
CLWARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Marcus A. Castillo
82 Street Address (P.O. Box Number is Not Acceptable): 19321-C US Hwy 19 N
83: Suite 401
84 City: Clearwater FL 85 Zip Code: 34624

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: (Signature of president or other officer of the named agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, MARCUS A STE. 109, US 19 N.ARBOR SHORELINE OF. PARK CLEARWATER FL 34624 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Marcus A. Castillo 19321-C U.S. Hwy 19 N, Ste 401 Clearwater FL 34624 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAAS, LEE L STE. 109, US 19 N.ARBOR SHORELINE OF. PARK CLEARWATER FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Lee L Haas 19321-C US Hwy 19 N, Ste 401 Clearwater, FL 34624 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3-17-97 (813) 535-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #