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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049870 1. Corporation Name HAAS AND CASTILLO, P.A.

Principal Place of Business

1999

| FILED |
|--------------------------------|
| Jan 21, 1999 8:00am |
| Secretary of State |
| 01 21 1000 00027 025 ***150 00 |



| 19321-C US HWY 19 N SUITE 401 CLEARWATER FL 34624 US 2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State Zip Country 23 HWY 19 N SUITE 401 CLEARWATER FL 34624 US 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 2d. City & State | | | Country | | DO NOT WRITE IN 3. Date Incorporated or Qualifed 07/09/1993 4. FEI Number 59-3192211 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year | \$8.75 A Fee Rec \$5.00 t Added to | quired May Be | |
|--|--|---|----------------|---|---|------------------------------------|------------------|--|
| 24 25 29 30 | | | 30 | Personal Property Tax. | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| | The state of the state of the | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 81 | 81 Name | | | | |
| CASTILLO, MARCUS A | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 1-C US HWY 19 N | | 02 | Sileet Add | dress (P.O. Box Number is Not Acceptable) | | | |
| SUITE 401 | | | | | | | 10 10 100 | |
| CLWARWATER FL 34624 | | | | | | | 1 1 1 1 | |
| | en de la companya de La companya de la co | | 84 | City | | FI 85 Zip C | ode | |
| 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 | | | | | | | | |
| Affice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's heard of directors. I hereby account the appointment as registered | | | | | | | | |
| CLC/agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | Claresture, based or printed name of registered agent on | d title if applicable (NOTE: 6 | Desistand Apor | t cionaturo requir | red when reinstating) DAT | re | } | |
| 12. | Signature, typed or printed name or registered agent and upe it applicable. (NOTE: Registered | | | it signature requir | ADDITIONS/CHANGES TO OFFICER | | 25 IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICER | Change | Addition | |
| NAME | CASTILLO, MARCUS A | | | } | *: | | | |
| | | ın | 1.2 NAME | | | | | |
| STREET ADDRESS | 19321-C US HWY 19 N, SUITE 41 | U | 1.3 STREET | _ | | | | |
| CITY-ST-ZIP | CLEARWATER FL | D DELETE | 1.4 CITY-S | T- ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | { | | ☐ Change | ☐ Addition | |
| NAME | HAAS, LEE L | | | | | | - | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | | 2. 4 CTY-S | T-ZIP | | | | |
| TITLE C.S. | and the on a first of | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition | |
| NAME | | • | 3.2 NAME | | | | | |
| STREET ADDRESS | an Service Archaeth a Tuntha ann an Archaeth 数 Unio | | 3.3 STREET | ADDRESS | | | 21 12 21 | |
| CITY-ST-ZIP | To the second of | | 3.4, CITY-S | T-ZIP | | · . · | | |
| TITLE | to Arabi in Particular Conference of the Confere | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | ÷ | | 4. 2 NAME | | | | | |
| STREET ADDRESS | to a t | , , | 4.3 STREET | ADDRESS | | | | |
| CITÝ-ST-ZIP | | | 4.4 CITY-ST | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | | <u> </u> | 5.2 NAME | ľ | | | | |
| STREET ADDRESS | or and a second of the second | | 5.3 STREET | ADDRESS | | | | |
| | | | 5.4 CITY-ST | - 1 | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | ۱۲ - ۱۲ | | | ☐ Addition | |
| TITLE | | : DETEIF | I | | | Change | Addition | |
| NAME | 克里 克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克克 | | 6.2 NAME | | | | | |
| STREET ADDRESS | Tagatheria a a si in a | | 6.3 STREET | | | | | |
| CITY-ST-ZIP | 10 | | 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.

CR2E034 (11/98)