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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 410657

1. Corporation Name HARN RO SYSTEMS, INC.

FILED Feb 01, 1999 8:00 am Secretary of State 02-01-1999 90046 027 ***150.00



Principal Place of Business Mailing Address						1 100411 81001 11811 08110 8111)	ENERI BIBIT BIBIT	DIDII DIDII IDDI
205 SEABOARD AVE S PO BOX 879									
VENICE FL 34292 NOKOMIS FL 34274-0879			9						¥ 1 }
us us						*****	RITE IN THI	S SPACE	
					3.	Date Incorporated or Qualif	ed		***
						10/13/1972			
2. Principal Place of	Business	2a. Mailing Address			4.	FEI Number			pplied For
21		26				<u>59-1445236</u>			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certifcate of Status Desired	. .		Additional equired
22		City & State						 	
City & State	12 A	<u> </u>			6.	Election Campaign Financia Trust Fund Contribution	^{ng} □	•	May Be to Fees
23 Zip	Country	28	Cou	ntrv			www.nt.voor.le		101663
			30	,	8.	This corporation owes the or Personal Property Tax.	surrent year ii	Yes	□No
24	25 lame and Address of Current	 	30		10	Name and Address of Ne	w Registered		
3. 1	N Ser a Caracas	, regional rigani		81 Name	101				
HARN, JAMES A									
205 SEABOARD AVE'S				82 Street	Address (P.O. Box Number is Not Acceptable)				
VENICE FL	34292			83			6 20 1 10 SE	19 (19 1 2 mg/ 19 2 m	33.08.140
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	A Comment			84 City			F	85 Zip	Code
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office or register	provisions of Sections 607.0502, and agent, or both, in the State of iar with, and accept the obligation	of Florida. Such change wa	s authorized	by the corpo	oration's bo	ard of directors. I hereby ac	cept the appo	ointment as re	egistered
agent, I am famil	iar with, and accept the obligati	ions of Section 607.0505	Florida Stati	ites.			Service Control		
	the first the second of the se								
SIGNATURE	typed or printed name of registered agent	t and title if applicable 1 37 70 2 7 (IV	OTE: Registered	Agent signature re	ned when re	sinstating) as the second of t	DATE	S 9 9 4 4	
R*V分 * Signature	, typed or printed name of registered agent	t and title if applicable 本系元化(N	OTE: Registered	Agent signature re	equired when re	einstating)	SALE DATE	21 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: