

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 11 09 95

REPLY TO: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H30934** (4)

1. Corporation Name
HARP CO., INC.

Principal Place of Business
**1116 S. POWERLINE RD.#108
SUITE 108
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1100 S. POWERLINE RD
SUITE 108
DEERFIELD BEACH FL 33442
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 S. POWERLINE RD #108

2a. Mailing Address

3. Date Incorporated or Qualified
11/21/1984

3a. Date of Last Report
04/22/1994

21. Suite Apt # etc
#108

26. Suite Apt # etc

4. FEI Number
59-2471229

Applied For
Not Applicable

22. City & State
DEERFIELD BEACH FL

27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip
33442

28. Zip

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country
USA

29. Country

8. This corporation has liability for multiple tax years in Florida
Florida Statutes No Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTONACCI, PETER
6602 VIA REGINA
BOCA RATON FL 33433**

81. Name

82. Street Address (P.O. Box Number or Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 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. Thereby accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: *Peter Antonacci* **PETER ANTONACCI**

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **POLLOCK, HARRIS**
2. STREET ADDRESS: **1100 S. POWERLINE RD #108**
3. CITY, ST, ZIP: **DEERFIELD BEACH FL**

1. NAME: Change Addition
2. STREET ADDRESS: Change Addition
3. CITY, ST, ZIP: Change Addition

1. NAME: **ST ANTONACCI, PETER**
2. STREET ADDRESS: **6602 VIA REGINA**
3. CITY, ST, ZIP: **BOCA RATON FL**

4. NAME: Change Addition
5. STREET ADDRESS: Change Addition
6. CITY, ST, ZIP: Change Addition

1. NAME: Change Addition
2. STREET ADDRESS: Change Addition
3. CITY, ST, ZIP: Change Addition

7. NAME: Change Addition
8. STREET ADDRESS: Change Addition
9. CITY, ST, ZIP: Change Addition

1. NAME: Change Addition
2. STREET ADDRESS: Change Addition
3. CITY, ST, ZIP: Change Addition

10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, ST, ZIP: Change Addition

1. NAME: Change Addition
2. STREET ADDRESS: Change Addition
3. CITY, ST, ZIP: Change Addition

13. NAME: Change Addition
14. STREET ADDRESS: Change Addition
15. CITY, ST, ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am equally liable for the omissions stated in law here. I certify that the information is based on the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. This form is effective only for the purpose of this return or returns required to be filed with this report as required by Chapter 609, Florida Statutes, and that my return appears on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE MUST BE FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H J Pollock **H J POLLOCK**

4/28/95

305 570 5385