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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005739 (7)
 1. Corporation Name
HARVEST TIME INTERNATIONAL, INC.



Principal Place of Business 130 COASTLINE RD SANFORD FL 32771	Mailing Address P.O. BOX 915354 LONGWOOD FL 32719
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3. Date Incorporated or Qualified
11/21/1994

4. FEI Number
54-1698630

Applied For	Not Applicable
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2. Principal Place of Business 21 130 Coastline Rd.	2a. Mailing Address 26 P.O. Box 1076
Suite, Apt. #, etc. 22 S	Suite, Apt. #, etc. 27
City & State 23 SANFORD, FL.	City & State 28 Sanford, FL.
Zip 24 32771	Country 25 Seminole
Country 29 USA	Zip 30 32772

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No **N/A**

9. Name and Address of Current Registered Agent
**MURPHY, ARTHUR J JR
 310 PICKERING COURT
 LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name Murphy, Arthur J. Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 2257 Grand Tree Ct.
83
84 City Lake Mary
85 Zip Code FL 32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ED/T	<input type="checkbox"/> DELETE
NAME	MURPHY, ARTHUR J JR	
STREET ADDRESS	310 PICKERING CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP/S	<input type="checkbox"/> DELETE
NAME	MURPHY, MARY H JR	
STREET ADDRESS	310 PICKERING CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEEFAUVER, LARRY DR.	
STREET ADDRESS	300 STILL FOREST TERRACE	
CITY-ST-ZIP	SANFORD FL 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOPER, CLIFF	
STREET ADDRESS	130 HAMBER T. LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCYK, PETER	
STREET ADDRESS	1601 BEAR CROSSING CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, RICHARD	
STREET ADDRESS	985 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Moran, John
1.3 STREET ADDRESS	2453 Elmore Court
1.4 CITY-ST-ZIP	Apopka, FL. 32703
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Addition
3.2 NAME	P Keefauver, Larry Dr.
3.3 STREET ADDRESS	472 Grandview Ave. N.
3.4 CITY-ST-ZIP	Sanford, FL. 32771
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Arthur J. Murphy Jr.** Date: **4/10/98** (407) 328-9900

CR2E037 (10/97)