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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000010916

HARRY OLSEN ENTERPRISES, INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90043 017 ***150.00



Principal Place	of Business	Mailing Address		'	,				
7802 N.W. 40TH	STREET	7802 N.W. 40TH STREET		1					
CORAL SPRING	S FL 33065-1954	CORAL SPRINGS FL 33065-19:	54		DO NOT WE	TE IN THIS SOACS	-		
				a Dota	Incorporated or Qualifed	TE IN THIS SPACE			
	•			1	4/1992				
- 5: : 15:		a Mailing Addross		4. FEI N		····	Annli	ed For	
2. Principal Pl	ace of Business 915W81Ave.	2a. Mailing Address	81 Au		364246		+ • •	Applicable	
Suite, Apt. i	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		*		¬/) \$8.	75 Ad	ditional	i
22	202	27 : 202	_	5. Cerui	cate of Status Desired	X / F	e Requ	ired	i
City & State	1) a . () 1 . a [a]	City & State	۲. م ا	6. Electi	on Campaign Financing		.00 м		1
23 10.	Lauderda (er)		uch e rabilit	Trust	Fund Contribution		ded to	Fees	
コ ^{Zip} つつ	<i>A</i> — - ·	zip 33068 30	Country Brown	AL Berro	corporation owes the curr mal Property Tax.	entyear intangible]No	
24 55	9. Name and Address of Current F		10,000	40 Name	and Address of New I				
	9. Name and Address of Current F	tegistered Agent	81 Name	10, 11aille	and Address of New I	1			i
OLSE	EN, HAROLD N JR			1110	helle.	KOSA			l
	N.W. 40TH STREET		82 Street A	ddress (P.O. Bo	x Number is Not Accept		~	o #902	l
	AL SPRINGS FL 33065-1954		83	1841	<u> </u>	5 10 P100	<u> </u>	<u> </u>	ī
0010	AE OF TRACE I E SOCIAS 1557		3	189	(SW) "8	1 Hue	<u> </u>	1e#202	_
	;		84 City	Mics:	Landero	lakFL 85	Zip Co	368 I	
TiPursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the above-named c	corporation subm	its this statement for the	purpose of changing	ng its re	gistered	
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Florida. Such change was auth	orized by the corpor	ration's board of	directors. I hereby acce	ot the appointment	as regis	stered	
	We dankelo A	Da - Harra	on/		4.	1,4/8	9		
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	gistered Agent signature rec	quired when reinstating)	DATE			6
12.	OFFICERS AND		13.	ADDIT	ONS/CHANGES TO OF	FICERS AND DIRE	CTOR	S IN 12	(11/98)
TITLE	P	DELETE	1.1 TITLE			☐ Ch	ange	Addition	Ξ
NAME	OLSEN, HAROLD N JR	1	1.2 NAME						8
STREET ADDRESS	7802 N.W. 40TH ST		1.3 STREET ADDRESS			•			R2E034
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CFTY-ST-ZIP		***	<u></u>			8
TITLE	S	LETE	2.1 TITLE	<u>,</u>		· Ch	ange	☐ Addition	၂၀
NAME	OLSEN, HAROLD N JR	. / `	2.2 NAME	•					
STREET ADDRESS	7802 N.W. 40TH ST		2.3 STREET ADORESS		, es	•			Į
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP			•			l
TITLE	4	☐ DELETE	3.1 TITLE	Presin	ent/Dire	chae Ch	ange	Addition	l
NAME			3.2 NAME	8 sthe	er Gonza	ilez	.,,	^ \	l
STREET ADDRESS	-		3.3 STREET ADDRESS	1891	S'W 8	1 Ave	#2	102 I	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<i>VI</i> r	au dero	late FC	3	3068	l
TITLE		☐ DELETE	4.1 TITLE	40000	Land Dix	Ch	ange	Addition	ļ.
NAME	• .	_	4, 2 NAME	Mic	in all property	34-G6n	zale	2	l
STREET ADDRESS			4,3 STREET ADDRESS	199	360 8	Aochve		1202	ı
	-		4.4 CITY-ST-ZIP	"NY	_anderdo			68.	l
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			□ Ch		Addition	ı
NAME			5.2 NAME						ı
	·		5.3 STREET ADDRESS						Į
STREET ADDRESS			5.4 CITY-ST-ZIP						i
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	· <u> </u>		Ch	ange	Addition	jî.
TITLE	•	المال المال	6.2 NAME						ĺ
NAME			6.3 STREET ADDRESS					•	ł
STREET ADDRESS	. T. 1989		+						í
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP						į

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.

SIGNATURE