

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75271 (4)

1. Corporation Name
HARCH & COMPANY, INC.

Principal Place of Business

**ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487
US**

Mailing Address

**ONE PARK PLACE
621 N.W. 3RD STREET, STE. 620
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
08/22/1991

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 *One Park Place*

27 Suite, Apt. #, etc.

27 *621 NW 53rd St. St 620*

28 City & State

28 *Boca Raton FL*

29 Zip

29 *33487*

30 Country

30 *US*

4. FBI Number
65-0287661

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEWITT, MICHAEL E.
ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HARCH, JOSEPH W.**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., STE. 620**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **VS**
NAME **LEWITT, MICHAEL E.**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., STE. 620**
CITY - ST - ZIP **BOCA RATON FL**

TITLE **D**
NAME **BERGMAN, RICHARD A.**
STREET ADDRESS **ONE PARK PL., 621 N.W. 53RD ST., STE. 620**
CITY - ST - ZIP **BOCA RATON FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 **1** TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Michael E. Lewitt *Michael E. Lewitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/94
Date

(407) 995-4900
Telephone Number