SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 17, 1999 8:00 am
Secretary of State
08-17-1999 90007 037 ***550.00

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75271

1. Corporation Name
HARCH CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
ONE PARK PLACE 621 N.W. 53RD STREET, STE. 620 BOCA RATON FL 33487 US	ONE PARK PLACE 621 NW 53RD ST SUITE 620 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1991

4. FEI 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	John Farrace VP	☐ Change ☑ Addition
NAME	HARCH, JOSEPH W.		1.2 NAME		
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST., STE. 620		1.3 STREET ADDRESS	One Park Pl 621 NW 53 St #620	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton Fl 33487	
TITLE	EVP	☐ DELETE	2.1 TITLE	EVP	☐ Change ☐ Addition
NAME	LEWITT, MICHAEL E.		2.2 NAME	Thomas Krasna	
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST., STE. 620		2.3 STREET ADDRESS	One Park Pl 621 NW 53 St #620	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton Fl 33487	
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HILL, JEFFREY H		3.2 NAME		
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST. S 620		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIDONATO, JAMES C		4.2 NAME		
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST. SUITE 620		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIGENNARO, DANIEL		5.2 NAME		
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST., SUITE 620		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, JAMES		6.2 NAME		
STREET ADDRESS	ONE PARK PLACE, 621 NW 53RD ST, ST 620		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 6/25/98 561-955-4912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)