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Jan 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 487196 (8)

1. Corporation Name
HAR-BON, INC.

Principal Place of Business
**303 SOUTH ANDREWS AVE.
FT LAUDERDALE FL 33301**

Mailing Address
**303 SOUTH ANDREWS AVE.
FT LAUDERDALE FL 33301-1833**



3. Date Incorporated or Qualified **09/26/1975** 3a. Date of Last Report **03/11/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1633446** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**COHEN, SETH
303 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33301**

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	COHEN, SETH	1.1 TITLE	
NAME		11701 N. W. 27TH STREET	1.2 NAME	
STREET ADDRESS		PLANTATION FL	1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE	V	COHEN, BONNIE	2.1 TITLE	
NAME		11701 N. W. 27TH STREET	2.2 NAME	
STREET ADDRESS		PLANTATION FL	2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE	S	FRIEDMAN, HARLENE	3.1 TITLE	
NAME		9721 WEATHERVANE MANOR	3.2 NAME	
STREET ADDRESS		PLANTATION FL	3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE			4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE			5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do 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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Seth Cohen **SETH COHEN, PRES** 1/21/97 954-467,543

CR2E034 (9/96)