

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108437

**Entity Name:** HARRIS ORIGINALS OF FL., INC.**Current Principal Place of Business:**800 PRIME PLACE  
HAUPPAUGE, NY 11788**Current Mailing Address:**800 PRIME PLACE  
HAUPPAUGE, NY 11788 US**FEI Number:** 06-1509746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HARRIS-PLEETER, SANDI
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

Title	SECRETARY
Name	RABINOWITZ, KAREN
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

Title	TREASURER
Name	LASKER, JOSEPH L
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

Title	PRESIDENT
Name	ZIMMERMANN, JOHN
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

Title	DIRECTOR
Name	BAUM, RICHARD
Address	CONSUMER GROWTH PARTNERS 445 HAMILTON AVENUE SUITE 1102
City-State-Zip:	WHITE PLAINS NY 10601

Title	DIRECTOR
Name	MALANE, DAVID
Address	MALANE & SODERLUND 1 BARKER AVENUE
City-State-Zip:	WHITE PLAINS NY 10601

Title	DIRECTOR
Name	HARRIS, SUSAN
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

Title	DIRECTOR
Name	HARRIS, BEVERLY
Address	800 PRIME PLACE
City-State-Zip:	HAUPPAUGE NY 11788

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH L LASKER****TREASURER****04/07/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date