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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 517336

(4)

HARLAND ASSOCIATES, INC.

Principal Place of Business Mailing Address **B371 WATERFORD CIR** 8371 WATERFORD CIR TAMARAC FL 33321-122 TAMARAC FL 33321-8118 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1976 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1699873 21 26 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country Country Zιρ This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GODEL ELLIOT 8371 WATERFORD CIR Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 В3 **B4** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgrature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change DILE 1.1 TITLE GODEL. ELLIOT NAME 1.2 NAME 8371 WATERFORD CIR STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ŠĐ DELETE DITLE 2 1 TITLE Change Addition GODEL, MARILYN NAME 2.2 NAME 8371 WATERFORD CIR STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE REINHART, GEORGE NAME 3.2 NAME 8371 WATERFORD CIR STREET ADDRESS 3.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition REINHART, GLORIA NAME 4.2 NAME 8371 WATERFORD CIR STREET ADDRESS 4.3 STREET ADDRESS TAMARAC FL CHTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY-ST-ZIP DELETE THILE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 opporation 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 of changed, or on any trachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7 2/11/97

954-960-1447

FILED

Feb 17 1997 8:00am

Secretary of State