

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **647741**

(8)

1. Corporation Name
HARZ CORPORATION



Principal Place of Business

**4005 N. 56TH STREET
SUITE B
TAMPA FL 33610**

Mailing Address

**4005 N. 56TH STREET
SUITE B
TAMPA FL 33610**

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt. #, etc.
22 City & State
23 Zip Country
24

26 Sub: Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**HARZ, ROBERT
12602 MCINTOSH RD.
THONOTOSASSA FL 33592**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

3. Date Incorporated or Qualified **12/10/1979** 3a. Date of Last Report **06/23/1995**
4. FEI Number **59-1957839** 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 s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

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, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature (Typed or Printed Name of Registered Agent or Director)

Signature (Typed or Printed Name of Registered Agent or Director)

86

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	PD HARZ, ROBERT G	12602 MCINTOSH RD. THONOTOSASSA FL	STV	<input type="checkbox"/> DELETE
	HARZ, DEBORAH M	12602 MCINTOSH RD THONOTOSASSA FL		<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(5)(g), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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: *Alborat M. Harz* V.P.
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah M. Harz

3/27/96
813-621-0802

CR2E034 (12/95)