## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 6

647741

(8)

HARZ CORPORATION

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FILED
Jan 26 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				-					
SUITE B SUITE B		4005 N. 56TH STREET Suite B Tampa Fl 33610				DO NOT WRITE IN THIS SPACE			
IDMID IC VO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INMINITE WOOLD				3. Date Incorporated or Qualified			
						12/10/1979			
<del></del> i	ace of Business	2a. Mailing Address				4. FEI Number	<del> </del>	pplied For	
21 Cuito Ant	# ela	Suite, Apt. #, etc.				59-1957839		ot Applicable	
Suite, Apt.	₩, ₩C.	27				5. Certificate of Status Desired		Additional equired	
City & State	3	City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cu	urrent year Int	tangible	
24	25	29	30					] No	
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registered	Agent		
HAF	rz, robert			81	Name				
	02 MCINTOSH RD.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
THO	ONOTOSASSA FL 33592			83					
				•					
				84	City	FL	<b>85</b> Zip i	Code	
11. Pursuant t	to the provisions of Spections 607.05	502 and 607.1508, Florida Statul	es, the at	ove	-named corpo	pration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing it	ts registered	
agent. I a	m familian with, and accept the obl	igations of Seption 607,0505, Fig	orida Stat	utes	i	in a doard or directors. Thereby accept the ap	pointmentas	MO	
SIGNATURE	10018	RIB	+ 6	ככ	-4-1-A	er /-	147	45	
	Sign: ure, typed or similed name of registered a		_	Ager	nt signature required		D DIDECTOR	20 (1) 40	
TITLE	PD PD	ND DIRECTORS  DELETE	13.	T) E		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME	HARZ, ROBERT G	otten	1.2 NA				ondrigo	7 100 11 1	
STREET ADDRESS	12602 MCINTOSH RD.				ADDRESS				
CITY-ST-ZIP	THONOTOSASSA FL		1.3 SINC						
TITLE	8T	DELETE	2 1 111				Change	Addition	
NAME	HARZ, DEBORÁH M		22 NAM						
STREET ADDRESS	12602 MCINTOSH RD		23 STRI		ADDRESS				
CITY-ST-ZIP	THONOTOSASSA FL		2 4 0	ITY-S	T-ZIP				
THTLE	V	☐ DELETE	3 1 TH	FLE			Change	Addition	
NAME	Medlin, Jeffery A		3 2 NA	ME					
STREET ADDRESS	5322 BELTRAM DR		3351	AEET /	ADDRESS				
CITY-ST-ZIP	ZEPHERHILLS FL	De etc	3 4. CI		T-ZIP	· · · · · · · · · · · · · · · · · · ·		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
THILE		☐ DELE <b>TE</b>	4.1 10				Change	∐ Addition	
NAME			4. 2 N		LORDSON				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CT 5 1 7 II		- ZIP		Change	Addition	
NAME		been	5.2 NA						
STREET ADDRESS	•				ADDRESS			Ì	
CITY-ST-ZIP			5.4 CIT					İ	
TITLE	<del>_</del>	DELETE	6.1 TrT		E-11		Change	Addition	
NAME		_	6.2 NA				-		
STREET ADDRESS					ADORESS				
CITY-ST-ZIP			6.4 CH						
	ertify that the information supplied	with this bling does not qualify to				Section 119 07(3)(i) Florida Statutes, Lifurther c	erlify that the	information	

Thereby certify that the information supplied with this filling 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 chapter or on an attachment with an address.

2 or Block 13 if changed or on an ejtachment with an alfdress.