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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 663036 1. Corporation Name HARAN OKCHARO Z.C.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address	Lell Marget		
Collen Coten e Holth	Purch Li	N Caken > 17011	THILL H. DO NOT WRITE IN THI	0.004.05
Principal Place of Business Walling Address Clo Mitchell Margina Clo Mitchell Margina Report Note a Hotte Milliam Coten a Hotte Too S.C. 7H 120 Mene, This Mon 700 St. 7H120 Arene, To Landerdade, Horida 33716 Principal Place of Business 2 Principal Place of Business			3. Date Incorporated or Qualifed	5 SPACE
2. Principal Place of Business	3316 FT, LAND	7714	12/13/97	
The many realists			4. FEI Number	Applied For
26		27-208076	Not Applicable	
22		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	, · · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23	28	Country	Trust Fund Contribution	Added to Fees
24 25	20	Country	This corporation owes the current year In Personal Property Tax.	Yes No
Name and Address of Current Registered Agent 10. Name			10. Name and Address of New Registered	
MARGING MIACLET J. B1 Name				
9. Name and Address of Current Registered Agent MAngily Midchell J. 40 Rocklin When Ithinh Base Street Address 700 St. Thinh Diene Thinh Hoom B3		ss (P.O. Box Number is Not Acceptable)		
Yo RACKLIN WHEN A	- TILAA HIGA-	83		
700 St. THIND QUEN	e mine			
&T. Laderade Hor,	人 33316	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 farrilliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent at	nd little if applicable. (NOTE Registe	ered Agent signature required y	when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THE PO		.1 TITLE		Change Addition
NAME TAN KIC.	ence IAMO	2 NAME		
STHEET ADDRESS TOU SC. TAINLY CITY-ST-ZIP TILLE NAME TAN- KATHLER- STHEET ADDRESS TOU SC. THIN	2 de 333/6	3 STREET ADDRESS 4 CITY-ST-ZIP		•
TITLE CO	DELETE 2	1 TITLE		☐ Change ☐ Addition
NAME TA- KATHLOK-	a April Thered 2	2 NAME	90000300	34993
STREET ADDRESS 700 ST. THIN	2:	3 STREET ADDRESS	-10/05/99-	-01115003
STREET ADDRESS CITY-ST-ZIF TILE TO	Marita >31/6 2	4 CITY-ST-ZIP	****550.00	
NAME TO		1 TITLE 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	And THINK	2 NAME 3 STREET ADORESS		ı
STREET ADDRESS ONY-ST-ZIP THE	1. 1000de 73 316 31	4. CITY-ST-ZIP		
THILE	☐ DELETE 4:	1 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-S1-ZIP		4 CITY-ST-ZIP 1 TITLE		Change Addition
NAME		2 NAME		
STREET ADORESS	53	3 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
THE	DELETE 6.1	1 TITLE		☐ Change ☐ Addition [
NAME	· · · · · · · · · · · · · · · · · · ·	2 ALABAE]
STREET ADDRESS	6.2	2 NAME 3 STREET ADDRESS		

14. I hereby certify that the Information supplied with this fifing 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 a Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.