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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 669125

HARRY & LEE INCORPORATED

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| 1 | • | , |

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



| BSO OPA LOCK<br>MIAMI FL 3316 |                          |   | 850 OPA L<br>Miami FL : | .OCKA BLVD.<br>33168-2902 |                     |          |               |                      |                  |  |                     |                        |                    |                            |
|-------------------------------|--------------------------|---|-------------------------|---------------------------|---------------------|----------|---------------|----------------------|------------------|--|---------------------|------------------------|--------------------|----------------------------|
|                               |                          |   |                         |                           |                     |          |               | I                    |                  | Date Incorporated or Qualific<br>05/06/1980                      |                     | Date of 04/18/1        |                    | eporl                      |
|                               | lace of Business         |   | 2a. Mailing             | y Address                 |                     |          |               |                      | 4, 1             | FLI Number   |                     | I                      | Ap                 | plied For                  |
| 21                            |                          |   | 26                      | <del></del>               |                     |          |               |                      |                  | 59-1992557   |                     |                        | — <u>-</u>         | t Applicable               |
| Suite, Apt.                   |                          |   | 27                      | Apt. #. etc.              |                     |          |               |                      | 5. (             | Certificate of Status Desired                                    |                     |                        |                    | Additional<br>equired      |
| City & State                  | e                        |   | Cily 8                  | State                     |                     | _        |               |                      | l                | Election Campaign Financing<br>Trust Fund Contribution           | , []                |                        |                    | May Be<br>to Fees          |
| Zip<br><b>24</b>              | 25                       | Country   | Ζφ<br><b>29</b>         |                           | 30                  | untry    |               |                      |                  | This corporation has liability<br>Florida Statutes               | for intand          |                        |                    | . 199.032,                 |
| <del></del>                   |                          | Address of Current  |                         | gent                      |                     | ī        |               |                      |                  | Name and Address of New  | Registe             | red Agent              | 1                  |                            |
| PER                           | LMAN, MARK               |   |                         |                           |                     | 81       | Nam           | )                    |                  |  |                     |                        |                    |                            |
| 700                           | S.E. THIRD AV            | E,  |                         |                           |                     | 82       | Stree         | Addres               | ss (P.)          | O. Box Number is Not Accep                                       | table)              |                        |                    |                            |
|                               | TE 200                   | _   |                         |                           |                     |          |               |                      |                  |  |                     |                        |                    |                            |
| FT. I                         | LAUDERDALE F             | L 33316   |                         |                           |                     | 83       |               |                      |                  |  |                     |                        |                    |                            |
|                               |                          |   |                         |                           |                     | 84       | City          |                      |                  |  |                     | FL 85                  | Zip (              | Code                       |
| office or re                  | registered agent (       | of Sections 607.0502<br>or both, in the State o<br>nd accept the obligati | f Horida Sucl           | h change was:             | authorize           | nd by    | the co        | d corpoi<br>rporatio | ration<br>n's bo | submits this statement for the<br>pard of directors. I hereby ac | e purpo<br>copt the | se of chan<br>appointm | iging it<br>ent as | s registered<br>registered |
| SIGNATURE                     | Signature, typed or prin | led name of registered a near   | and title if applicat   | ale (NCI)                 | H : Registor        | ed Age   | n signarı     | re required          | l when s         | einstating)  | <u></u>             |                        |                    |                            |
| 12.                           |                          | OFFICERS AND  | DIRECTORS               |                           | 13.                 |          |               |                      | A                | DDITIONS/CHANGES TO OF   | FICERS              | AND DIRE               | CTOR               | IS IN 12                   |
| TITLE                         | PSVT                     |   |                         | DELETE                    | 1,11                | MLF      |               |                      |                  |  |                     | □ c                    | hange              | Addition                   |
| NAME                          | ISRAEL, LEOI             |   |                         |                           | 1.23                | IAME     |               |                      |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                | 421 NE 177TI             |   |                         |                           | 188                 | STREET   | ADDRESS       |                      |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP                   | NORTH MIAM               | I BEACH PL  |                         | DEFET                     |                     | PTY-SI   | 1 - 7IP       | <del> </del>         |                  |  |                     |                        |                    | Tell Augusta               |
| TITLE                         |                          |   |                         | ☐ DEFLETE                 | 2.1                 |          |               |                      |                  |  |                     |                        | hang∂              | ☐ Addition                 |
| NAME                          |                          |   |                         |                           | 221                 |          | A D D D C O C |                      |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                |                          |   |                         |                           |                     |          | ADDRESS       | ·                    |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP<br>TITLE          | ******                   |   |                         | DELETE                    | <u>2.4</u><br>3.1 T | CITY - S | 1 - Zii'      | <del> </del>         | <del>_</del>     |  |                     | □ c                    | hanne              | Addition                   |
| NAME                          |                          |   |                         |                           | 1                   | NAME     |               |                      |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                |                          |   |                         |                           |                     |          | ADDRESS       |                      |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP                   |                          |   |                         |                           | 1                   | CITY: S  |               |                      |                  |  |                     |                        |                    |                            |
| TITLE                         |                          |   |                         | DELETE                    | 4.1 1               |          |               | <del> </del>         |                  |  |                     | □ C                    | hange              | Addition                   |
| NAME                          |                          |   |                         |                           | 4.2                 | NAME     |               | Ì                    |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                |                          |   |                         |                           | 4.3 5               | STHEET   | ADDRESS       |                      |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP                   |                          |   |                         |                           | 4.4 (               | DITY-S   | T - ZIP       |                      |                  |  |                     |                        |                    |                            |
| TITLE                         |                          |   |                         | DELETE                    | 5.1                 |          |               |                      |                  |  |                     | С                      | hange              | Addition                   |
| NAME                          |                          |   |                         |                           | 5.21                | NAME     |               |                      |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                | -,                       |   |                         |                           | 538                 | STREET   | ADDRESS       |                      |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP                   |                          |   |                         | <del></del>               |                     | OTY-S    | i - ZiP       |                      |                  |  |                     | <del></del>            |                    |                            |
| TITLE                         |                          |   |                         | DELETE                    | 6.1 7               |          |               |                      |                  |  |                     | □ 0                    | hange              | ☐ Addition                 |
| NAME                          | 100                      |   | _                       |                           | <b>1</b>            | JA:ME    |               |                      |                  |  |                     |                        |                    |                            |
| STREET ADDRESS                |                          |   | <b>/</b> }              |                           | , .                 |          | ADORESS       |                      |                  |  |                     |                        |                    |                            |
| CITY-ST-ZIP                   | by certify that the      | Internation Audios  | with this title or      | dose uni quali            |                     | DIY-S    |               | stated in            | n Soo            | tion 119.07(3)(i), Florida Stat                                  | utos I fe           | irther certi           | fiz that           | the                        |
| informatio                    | on indicated on thi      | annual report or sur  | optemental ar           | nnual re/xort is t        | true and            | accu     | rate ar       | id that m            | ny sig           | nature shall have the same le<br>quired by Chapter 607, Floric   | egal effe           | ect as if ma           | ide und            | der oath; that             |