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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90166 006 \*\*\*150.00

DOCUMENT	#	669125
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1. Corporation Name

HARRY & LEE INCORPORATED

Britania al Olana	of Dunings	Mailing Address			IBABI IADAR ARRIL BAIN DI DIA	01811 <b>018</b> 11 01811 01	BII BIBN ABBI
Principal Place		<del>-</del>					
421 NE 177TH		421 NE 177TH STREET N. MIAMI BEACH FL 33162	<b>)</b>				
n. Miami Beac Us	on FC 33102	US	•	DO	NOT WRITE IN THIS	SPACE	
50		•••		3. Date Incorporated or	Qualifed		
				05/06/1980			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Арр	lied For
21 1/49	SW 168 WAY	26		59-1992557		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.			- · · · · ·	\$8.75 Ad	dditional
	BRIKEYINOS	27		5. Certifcate of Status	Desired	Fee Req	uired
City & State		City & State		6. Election Campaign I	inancing	\$5.00 N	May Be
23 - 15-6	·	28		Trust Fund Contribu		Added to	
Zip	Country	Zip	Country	8. This corporation ow	es the current year In	tangible	
Z4 33·	027[25]	29	30	Personal Property T	•		∃No
24 0 2	9. Name and Address of Current	11		10. Name and Address	of New Registered	Agent	
			81 Nam				
PERI	lman, mark		20 0	Address (D.O. Don Month on in N	-4 A4-bla\		
700	S.E. THIRD AVE.		82 Stree	Address (P.O. Box Number is N	ot Acceptable)		
SUIT	TE 200		83				
	LAUDERDALE FL 33316		[				
			84 City		FL	85 Zip C	ode
44 5	to the provisions of Sections 607.0502	2 and 607 1609 Florida Statut	as the above name	comporation submits this statem		f changing its r	egistered
office or re	egistered agent, or both, in the State (	of Florida. Such change was a	uthorized by the cor	oration's board of directors. The	reby accept the appo	intment as reg	istered
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes.				
SIGNATURE				- 1	DATE		
	Signature, typed or printed name of registered agen	it and title if applicable. (NUTE	: Registered Agent signatur	required when remstavily)	DAIL		
49	OFFICEDS AN		13	ADDITIONS/CHANG	S TO OFFICERS A	ND DIRECTOR	RS IN 12
12.		D DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTOR	R\$ IN 12
TITLE	PSVT		1.1 TITLE	ADDITIONS/CHANGE	ES TO OFFICERS AN	ND DIRECTOR	
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TITLE NAME STREET ADDRESS	PSVT ISRAEL, LEON 421 NE 177TH ST	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	ADDITIONS/CHANGE PSV LEON IS 649 SW 168	ES TO OFFICERS AND PARTY WHY DINES FL	DECTOR	
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14. I 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 corporation of the receiver of 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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