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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 805365

HARRY M. STEVENS INC.

1999

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90068 040 ***150.00



Principal Place of Business		Mailing Address				- I (MDISI IDJIL BOIDL BILOD LIVID BILG) DIII DESIL BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI		
1101 MARKET ST		P O BOX 13477						
PHILADELPHIA PA 19107		PHILADELPHIA PA 19101				DO NOT WRITE IN THIS SPACE		
US		US				3. Date ir corporated or Qualifed		
						05/05/1941		
2. Principa P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				13-5589765 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Recuired		
City & S ate		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip Country				8. This corporation owes the current year intangible		
24	25	29	30	0		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent		81	Name			
CT C	OPORATION SYSTEMS			Ĭ.	1401110			
1200 S PINE ISLAND RD				82	Street A	Acdress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			}	83				
	.,,,,,,							
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	юvе	-named c	corporation submits this statement for the purpose of changing its registered	!	
office or n	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by t	the corpor	oration's board of clirectors. I hereby accept the appointment as registered		
	in familial with, and accept the obligat	13/13 01, 36011017 007.0303, 11	AIGG OLGIG	100.			1	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOT	Registered /	Agent	t signature rec	required when reinstating) DATE	í	
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, <u>c</u>	
TITLE	PD	☐ DELETE	1.1 TM	LE		☐ Change ☐ Addition	٤	
NAME	GILLESPIE, CHARLES		1.2 NA	ME			1 8	
STREET ADDRESS	1101 MARKET ST		1 3 STF	REET	ADDRESS		ا ا	
CITY-ST-ZIP	PHIALDELPHIA PA	· —————	1 4 CIT		- ZiP	☐ Change ☐ Addition	Ċ	
TITLE	V	DELETE	2.1 TITI				Ι `	
NAME	O'HARA, MICHAEL		22 NA				ĺ	
STREET ADDRESS	1101 MARKET ST			2.3 STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA	□ DELETE	2 4 CR		T- ZIP	Change Addition	į	
TITLE	DT BADBADA		3.1 TITI				ŀ	
NAME	AUSTELL, BARBARA		3.2 NA		ADDDECC		l	
STREET ADDRESS	1101 MARKET ST				ADDRESS		l	
CITY-ST-ZIP	PHILADELPHIA PA 19107 S	☐ DELETE	3.4. C()		1-214	Change Addition	l	
NAME	BOIDNAR, PRISCILLA		4. 2 NA				l	
STREET ADDRESS					ADDRESS		l	
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CIT				l	
TITLE	THURULLI TRA FA	☐ DELETE	5.1 TIT			☐ Change ☐ Addition	l	
NAME			5.2 NA					
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP		5		CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change ☐ Addition	l	
NAME			6.2 NAME				l	
STREET ADDRESS			6.3 STF	REET	ADDRESS	;	l	
			6.4 CIT	v er	מול		l	

14. 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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICE ? OR DIRECTOR