

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # 857529

(2)

1. Corporation Name

HARVARD INDUSTRIES, INC.

Principal Place of Business

2502 N ROCKY POINT DR
SUITE 960
TAMPA FL 33607
US

Mailing Address

2502 N ROCKYPOINT. DR
SUITE 960
TAMPA FL 33607
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/25/1983

3a. Date of Last Report

04/24/1995

4. FEI Number

21-0715310

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
CP
NAIMOLI, VINCENT J
STREET ADDRESS
2502 N ROCKYPOINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
JOHN L. PEARSON
STREET ADDRESS
2502 N. ROCKY POINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA, FL 33607

TITLE ☐ DELETE

2.2 NAME ☐ Change ☒ Addition

NAME
V
GAGLIARDI, JOSEPH
STREET ADDRESS
2502 N ROCKYPOINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
ARNOLD M. SHERDLAWER
STREET ADDRESS
2330 VAUX HALL RD.
CITY-STATE-ZIP
UNION, NJ 07083

TITLE ☐ DELETE

3.3 NAME ☐ Change ☒ Addition

NAME
D
HOFFMAN, MICHAEL
STREET ADDRESS
2502 N ROCKYPOINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
WILLIAM J. WARREN
STREET ADDRESS
2502 N. ROCKY POINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA, FL 33607

TITLE ☐ DELETE

4.4 NAME ☐ Change ☒ Addition

NAME
D
BARTLETT, C. SCOTT
STREET ADDRESS
2502 N ROCKY POINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
ROGER L. BURTRAW
STREET ADDRESS
30665 NORTHWESTERN HIGHWAY
CITY-STATE-ZIP
FAIRWAY HILLS, MI 48334

TITLE ☐ DELETE

5.5 NAME ☐ Change ☒ Addition

NAME
VS
DAWSON, RICHARD T
STREET ADDRESS
2502 N ROCKYPOINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
JOHN W. ADAMS
STREET ADDRESS
2502 N. ROCKY POINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA, FL 33607

TITLE ☐ DELETE

6.6 NAME ☐ Change ☒ Addition

NAME
V
LUCI, JAMES S
STREET ADDRESS
2502 N ROCKYPOINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA FL

NAME
GENERAL JOSEPH P. HOAR
STREET ADDRESS
2502 N. ROCKY POINT DR, SUITE 960
CITY-STATE-ZIP
TAMPA, FL 33607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(813) 888-5000

CR2E034 (12/95)