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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G11959

(5)

## **FILED** Jan 23 1998 8:00am Secretary of State

HARF	aison co	ONS	TRUCTION CO	RPOF	RATION													
Principal Plac	ce of Busine	SS		ħ	falling Add	ress												81911 E1911 1981
1000 NW 5	SATH ST				1000 NW													
MIAMI FL					MIAMI FL													
											3, Date In				TE IN TH	IIS SPA	'CE	
												18/198		ruannet	)			
2. Principal F	Place of Busi	iness		2a. Mailing Address							4. FEI Nui		)				T 14	pplied For
21					26						59	-2305	574					ot Applicab
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certific			alva d	ĵΧ	_ {		Additional
22				27						a. Gerund	ale 0  5	iaius De	sireo	<u> </u>		Fee A	tequired	
City & State				City & State							6. Election				_			May Be
Zip Country			Zip Country									tribution					to Fees	
24	25		Southly	29			30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No							
[27]	9, Name		Address of Curren		stered Age	nt	30	T			10. Name a							
V	VILLIS, CH.				· <del></del>			81	Name	)								
	1000 NW 5							82	Ctroot	Addison	o (D.O. Dou	Numaba	in Nati	A 1	-5-1-1			
MIAMI FL 33127								02	Street	Addres	ress (P.O. Box Number is Not Acceptable)							
								83										
								84	City							1.0	7.0	Code
								1 1	,						F	·L	- I '	
11. Pursuant	to the provis	sions :	of <b>S</b> ections 607 0500 or <b>b</b> oth, in the State n <b>d a</b> ccept the obliga	2 and 6	07.1508, F	lorida Statu	tes, the a	bove	the co	d corpor	ration submit	is this st	atement	for the	purpos	e of ch	anging i	its registered
agent. I a	am familiar w	ith, e	nd accept the obliga	itions o	f, Section 6	607.0505, FI	orida Sta	tutes	i.	poratio	18 board of	GII OCTO	5. 1 110/0	by acc	epi ine a	арропп	ment as	egistered
SIGNATURE																		
12.	Signature, typed	d or prin	OFFICERS AND			(NOI	L' Angistero	id Age	nt signatur	o required	when reinstating		NOEC I	O OF E	DATI		DECTO	DC IN 40
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14. I hereby o	ertify that th	e info	rmation supplied wit	th this f	iling does r	not qualify fo	or the exe	empti	ion state	ed in Se	ction 119.07	′(3)(i), Fi	orida St	atutes.	I further	certify	that the	information

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.