Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90009 029 \*\*\*150.00

## 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

## DOCUMENT # G16948

| <b>1</b> .   | Corporation HARTE E                 | INTERPRISES CORP.  | •  |  |                                      |   |                                 | )<br>   |                                    |                         |
|--|-------------------------------------|--|--|--|--------------------------------------|---|---------------------------------|---|------------------------------------|-------------------------|
| L  |                                     |  |  |  |                                      |   |                                 |   |                                    |                         |
| Principal Place of Business Mailing Address                                      |                                     |  |  |  |                                      |   |                                 |   |                                    |                         |
| P O BOX 561775 MIAMI FL 33256-1775 MIS US  P O BOX 561775 MIAMI FL 33256-1775 US |                                     |  |  |  |                                      |   |                                 | DO NOT WRITE IN THIS SPACE  |                                    |                         |
| US   | •                                   |  | US   |  |                                      |   |                                 | 3. Date Incorporated or Qualifed  |                                    |                         |
|  |                                     |  |  |  |                                      |   |                                 | 12/30/1982  |                                    |                         |
| 2.   | Principal Pla                       | ace of Business  | 2a. Mailing A  | Address  |                                      |   | 0,0                             | 4. FEI Number   | A                                  | plied For               |
| 21   | 21 26                               |  |  | <u> </u>   |                                      |   |                                 | 59-2243060  |                                    | t Applicable            |
|  | Suite, Apt. #, etc.                 |  |  |  |                                      |   | 5. Certifcate of Status Desired |   | Additional<br>equired              |                         |
| 22   |                                     | City & State City & State  |  |  |                                      | ·   |                                 |   |                                    | =                       |
| Į  | ~City & State                       | ,  | ———— ´   | ale  |                                      |   |                                 | 6. Election Campaign Financing  Trust Fund Contribution   |                                    | May Be<br>to Fees       |
| 23   | Zip                                 | Country Zip Co   |  |  | Country                              |   |                                 |   |                                    |                         |
| 24   | <b>2</b> 1μ                         | 25 29 30   |  |  | - ·                                  |   |                                 | Personal Property Tax. Yes No   |                                    |                         |
| 24   |                                     | 9. Name and Address of Curre   |  |  | ·                                    |   |                                 | 10. Name and Address of New Registere   | d Agent                            |                         |
|  |                                     |  |  |  | 81                                   | Nar   | ne                              |   |                                    |                         |
| GLASSER, GENE K.   |                                     |  |  |  |                                      | Stre  | et Addre                        | ess (P.O. Box Number is Not Acceptable)   |                                    |                         |
| 2021 TYLER STREET  |                                     |  |  |  |                                      |   | ,01,10010                       |   |                                    |                         |
| HOLLYWOOD FL 33022   |                                     |  |  |  |                                      |   |                                 |   |                                    |                         |
|  |                                     |  |  |  | 84                                   | City  |                                 |   | . 85 Zip                           | Code                    |
|  |                                     |  |  |  |                                      | 1 1   |                                 | F   |                                    |                         |
| 1  | Pursuant to office or readent. I ar | o the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>n familiar with, and accept the obliga | 02 and 607.1508, F<br>of Florida. Such cations of, Section 6 | Florida Statutes,<br>hange was auth<br>507.0505, Florida | the above<br>orized by<br>a Statutes | e-nam<br>the co                                       | ed corpo<br>orporatio           | oration submits this statement for the purpose in's board of directors. I hereby accept the app | of changing its<br>pointment as re | registered<br>egistered |
| s  | IGNATURE .                          |  |  | (MOTE: De  | nistared Appr                        | nt eigen  | ure required                    | when reinstating) DATE  |                                    | <del></del>             |
| 1:   |                                     |  |  |  |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |   |                                    | DRS IN 12               |
| TIT  | <del>- ,</del>                      | PD   |  | DELETE   | 1.1 TITLE                            |   |                                 |   | Change                             | Addition                |
| Ţ  | ME HARTE, SAMUEL                    |  |  |  | 1.2 NAME                             |   |                                 |   |                                    |                         |
| }  | REET ADDRESS                        | 2021 TAYLOR STREET   |  |  | 1.3 STREE                            | TADDRE  | SS                              |   |                                    |                         |
| 1  | ry-st-zip                           | HOLLYWOOD FL   |  |  | 1.4 CITY-S                           | ST-ZIP  |                                 | <u>.</u>  |                                    |                         |
| -  | LE                                  | STD  | {  | DELETE   | 2.1 TITLE                            |   |                                 |   | ☐ Change                           | ☐ Addition              |
| N/   | ME.                                 | HARTE, PHYLLIS K.  |  |  | 2.2 NAME                             |   |                                 |   |                                    |                         |
| ST   | REET ADDRESS                        | 2021 TAYLOR ST   |  |  | 2.3 STREE                            | T ADDRE   | SS                              |   |                                    |                         |
| CI   | ITY-ST-ZIP HOLLYWOOD FL             |  |  | 2.4 CITY-ST-ZIP  |                                      |   |                                 |   |                                    |                         |
| 711  | r.E                                 |  | [  | DELETE   | 3.1 TITLE                            |   | Į                               |   | Change                             | ☐ Addition              |
| N/   | ME                                  |  |  |  | 3.2 NAME                             |   |                                 |   |                                    |                         |
| ST   | REET ADDRESS                        |  |  |  | 3.3 STREE                            | TADOR   | ss                              |   |                                    |                         |
| Сг   | ry-st-zip                           |  | · · · · · · · · · · · · · · · · · · ·                        |  | 3.4. CITY-5                          | ST-ZIP  |                                 |   | - Characa                          | A ddition               |
| m  | TLE                                 |  | L  | DELETE   | 4.1 TITLE                            |   |                                 |   | Change                             | ☐ Addition              |
| N  | ME                                  |  |  |  | 4. 2 NAME                            |   |                                 |   |                                    |                         |
| ST   | REET ADDRESS                        |  |  |  | 4.3 STREE                            | T ADDRI   | ESS                             |   |                                    |                         |
| -  | TY-ST-ZIP                           |  |  | 7 per eze  | 4.4 CITY-S                           | ST-ZIP  |                                 |   | ☐ Change                           | Addition                |
| 1  | TLE                                 |  | ι  | DELETE   | 5.1 TITLE<br>5.2 NAME                |   |                                 |   | □ cisaige                          | ☐ Addition              |
|  | ME                                  |  |  |  |                                      | T ADDD  |                                 |   |                                    |                         |
| ſ  | REET ADDRESS                        |  |  |  | 5.3 STREE<br>5.4 CITY-S              |   |                                 |   |                                    |                         |
| 1  | TY-ST-ZIP                           |  |  |  | 6.1 TITLE                            | 31-4IP  | —                               |   | ☐ Change                           | Addition                |

CITY-ST-ZIP 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 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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

TITLE

STREET ADDRESS

☐ DELETE