

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90103 031 ***150.00

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DOCUMENT # G26119

1. Corporation Name

HARPER-MILLER ENTERPRISES, INC.

Principal Place of Business
815 COLORADO AVE. SUITE 101
STUART FL 34995-3388

Mailing Address
815 COLORADO AVE. SUITE 101
STUART FL 34995-3388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1983

4. FEI Number

59-2265847

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4 Live Oak Circle

2a. Mailing Address

26 P.O. Box 2141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tequesta, FL

City & State

28 Stuart, FL

Zip

24 33469

Country

25 USA

Zip

29 34995

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, CAROLYN M
815 COLORADO AVENUE
SUITE 101
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

MILLER, CAROLYN M

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

4 Live Oak Circle

83

84 City

Tequesta

FL

85 Zip Code

33469

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MILLER, CAROLYN M
STREET ADDRESS 815 COLORADO AVENUE, STE. #101
CITY-ST-ZIP STUART FL 34994

TITLE VP ☒ DELETE

NAME MEYERS, WILLIAM BROWN
STREET ADDRESS 815 COLORADO AVENUE, STE. #101
CITY-ST-ZIP STUART FL 34994

TITLE S ☐ DELETE

NAME HARPER, JAMES
STREET ADDRESS 311 PARK PLACE BLVD. STE. #400
CITY-ST-ZIP CLEARWATER FL 34619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MILLER, CAROLYN M
1.3 STREET ADDRESS 4 Live Oak Circle
1.4 CITY-ST-ZIP Tequesta, FL 33469

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Carolyn M Miller

1/7/99

Date

(561) 286-9113

Daytime Phone #

CR2E034 (11/98)