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 # G36131

HAROLD S. SEARS, INC.

Principal Place of Business

Mailing Address

PUR CONCORD IN

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90095 024 ***150.00



HOLMES BCH.		HOLMES BCH. FL 34217							
US		US					DO NOT WRITE IN THIS SPACE	ı	
							3. Date Incorporated or Qualifed	٦	
							04/27/1983	-	
2. Principal P	lace of E	usiness	2a. Mailir	g Address			4. FEI Number Applied For	٦	
21			26				59-2364976 Not Applicable	,	
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.			\$8.75 Additional		
22			27				5. Certificate of Status Desired Fee Required		
City & Stat	te		City 8	k 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	٦	
24		25 29 30			0	Personal Property Tax.			
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
DUC	צור מו	CUADO LEE			81	Name			
		CHARD LEE				82 Street Address (P.O. Box Number is Not Acceptable)			
	OLD M	IN 31.				oz offeet Address (F.O. Box Number is Not Acceptable)			
BRA	DENTO	N FL 33505			83	1		ヿ	
					ļ	ļ			
					84	City	85 Zip Code		
11. Pursuant	to the pr	ovisions of Sections 607 0502	and 607.150	8 Florida Statutes	the abov	e-named	corneration submits this statement for the number of changing its registered	4	
ornce or r	egistereg	agent, or both, in the State of	Florida, Suc	h change was autt	onzed by	the corpo	poration's board of directors. I hereby accept the appointment as registered	1	
_		r with, and accept the obligation	ons of, Sectio	n 607.0505, Florid	a Statutes		, mark		
SIGNATURE	9	yped or printed name of registered agent a					<i>\</i>		
12.	Signature, r	OFFICERS AND			egistered Agei	nt signature r	required when reinstating) DATE APPOINT OF TO OFFICE AND DIFFERENCES AND DIF	4	
TITLE	P	OFFICERS AND	DINECTOR	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\exists	
NAME	' '	S, HAROLD S.		L. OLLLIL	1		Change D Addition	1	
		ONCORD LN			1.2 NAME		,		
STREET ADDRESS					1.3 STREE	ADDRESS			
CITY-ST-ZIP		ES BCH. FL			1.4 CITY-S	T-ZIP		4	
TITLE	STD			☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	١	
NAME		S, JEAN L.			2.2 NAME				
STREET ADDRESS		ONCORD LN			2.3 STREE	ADDRESS			
CITY-ST-ZIP	HOLM	ES BCH. FL			2.4 CITY-S	T-ZIP		_ ՝	
TITLE	D			□ DELETE	3.1 TITLE		☐ Change ☐ Addition	ī	
NAME		.e, richard L.			3.2 NAME				
STREET ADDRESS		LD MAIN STREET			3.3 STREET	ADDRESS		1	
CITY-ST-ZIP	BRADE	INTON FL			3.4. CITY-S	T-ZIP			
TITLE				☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	7	
NAME					4. 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-S				
TITLE		· · · · · · · · · · · · · · · · · · ·	-	☐ DELETE	5.1 TITLE	- 411	☐ Change ☐ Addition	+	
NAME					5.2 NAME	İ	Situlity Monton	1	
STREET ADDRESS					5.3 STREET	ADDRESS			
					5.4 CITY-S1			1	
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE	-4P		\perp	
1.	.			□ OETGIE .	6.2 NAME	1	☐ Change ☐ Addition		
NAME						[1	
STREET ADDRESS					6.3 STREET		, ,		
CITY- ST- 7ID	I			1	64 CITY-S1	בול.	1	1	

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 3 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE

941-778-5045