FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 10 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H86517 (0)

1. Corporation Name
HARMICKE, INC.

600001533796
-07/10/95--01081--001
***9225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS INC~~ ~~100 SOUTHEAST 2ND STREET, #3600~~ ~~MIAMI FL 33131~~ ~~US~~	~~C/O FLORIDA REGISTERED AGENTS, INC.~~ ~~100 SOUTHEAST 2ND STREET, #3600~~ ~~MIAMI FL 33131~~ ~~US~~

3. Date Incorporated or Qualified: 11/20/1985
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Dr.	26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33133 25 U.S.	Zip / Country 29 33133 30 U.S.

4. FEI Number: 59-2609765 ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC
100 SOUTHEAST 2ND STREET, #3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number Is Not Acceptable): 2601 S. Bayshore Drive
83: Suite 1600
84 City: Miami FL 85 Zip Code: 33133

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 hereby accept the obligations of, the position of REGISTERED AGENT CORPORATION.

SIGNATURE By: Justin T. Wilson
Justin T. Wilson Secretary
(Signature of the appointed agent required when registering) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR	1.1 TITLE	☐ Change ☐ Addition
NAME	KUTELL, MICHAEL A.	1.2 NAME	
STREET ADDRESS	5825 COLLINS AVE 11F	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(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.

SIGNATURE: Michael A. Kutell 5/8/1995 5/7/12/2
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Michael A. Kutell

0127078 CP