

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H86517**

Corporation Name
HARMICKE, INC.

Principal Place of Business

25 COLLINS AVE.
F
AMI FL 33140

Mailing Address

C/O KUTELL
5825 COLLINS AVE #11F
MIAMI BEACH FL 33140

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90002 023 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2609765	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KUTELL, MICHAEL 5825 COLLINS AVE. 11F MIAMI FL 33140				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City FL 85. Zip Code	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P <input type="checkbox"/> DELETE KUTELL, MICHAEL A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	5825 COLLINS AVE 11F	1.2 NAME	
3. CITY-STATE-ZIP	MIAMI BCH FL	1.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP		2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
14. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS		4.2 NAME	
16. CITY-STATE-ZIP		4.3 STREET ADDRESS	
17. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
18. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY-STATE-ZIP		5.2 NAME	
20. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
21. STREET ADDRESS		5.4 CITY-STATE-ZIP	
22. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
24. STREET ADDRESS		6.3 STREET ADDRESS	
25. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)