FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J29747

(9)

LARRY HYER INC.

BUNSET ISLAND #2 MIAMI BEACH FL 83140

Suite, Apt. #, etc.

City & State

Zip

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Principal Piace of Business

Principal Place of Business

FILED Apr 16 1997 8:00am Secretary of State

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Place of Business	Mailing Address	
TE AVE ISLAND #2 EACH FL 83140	2575 LAKE AVE. SUNSET ISL #2 MIAMI BEACH FL 33140-4228	
	US	3. Date Incorporated or Qualified 08/19/1986 3a. Date of Last Report 01/24/1996
pal Place of Business	2a. Mailing Address	4. FEI Number Applied For
•	26 7822 5W 66TH ST.	59-2714559 Not Applicable
Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Regulred
State	City & State 28 MIAMI, FLORIDA	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Country 25	Zip 33143 Gountry 30 USA	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutos ☑ Yes ☐ No
g, Name and Address of Curr		10. Name and Address of New Registered Agent
GAPSTUR, LENNE A. 321 ROYAL POINCIANA PLAZA		ME AGENT" - JUST NEW ADDRESS
PALM BEACH FL 33480	82 Street Addre	

84 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

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office or r agent. I a	egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	uch change was au ction 607.0505, Flori	thorized by the corpo da Statutes.	oration's board of directors. I hereby accept the appointment as	registered
SIGNATURE	Signature, typod or printed name of registered agent and title if appl	ANOTE: (Constant Apost sport of	equired when reinstating) DATE	
12.			Fogistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		S IN 12
TITLE	D	DELETE	1.1 TIBLE	☐ Change	Addition
NAMÉ	HYER, LARRY		1.2 NAME		
STREET ADDRESS	2575 LAKE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP		
TITLE	ST	DELETÉ	2.1 1111.8	Change	Addition
NAME	KLAREN, PHILIP J.		2.2 NAME		
STREET ADDRESS	2575 LAKE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CHTY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - 2IP		
TITLE		DELETE	4.1 TillE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	- ·· · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 undor 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.