

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J32165 (9)
 1. Corporation Name: **HARVEY STUDIOS, INC.**

Principal Place of Business: **6261 NW 6TH Way #207 Ft. Lauderdale FL 33309**
 Mailing Address: **6261 NW 6th Way #207 Ft. Lauderdale FL 33309**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/86		3a. Date of Last Report			
21. Suite, Apt. #, etc.	22. 6801 NW 9th Avenue	26. Suite, Apt. #, etc.	27. 6801 NW 9th Avenue	4. FEI Number 59-271631		Applied For Not Applicable			
23. Ft, Lauderdale FL		28. FT. Lauderdale FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
24. 33309		25. USA		29. 33309		30. USA			
23. Ft, Lauderdale FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No									

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOBEL, JAMES S. 6261 NW 6th Way #207 Ft. Lauderdale FL 33309				81 Name LOBEL, JAMES S. 82 Street Address (P.O. Box Number is Not Acceptable) 6801 NW 9th Avenue 83 84 City Ft. Lauderdale FL 85 Zip Code 33309			

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 _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lobel, James S.	1.2 NAME	
STREET ADDRESS	6261 NW 6th Way #207	1.3 STREET ADDRESS	6801 NW 9th Avenue
CITY - ST - ZIP	Ft. Lauderdale FL	1.4 CITY - ST - ZIP	Ft. Lauderdale FL
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey, Diane C.	2.2 NAME	
STREET ADDRESS	6261 NW 6th Way #207	2.3 STREET ADDRESS	6801 NW 9th Avenue
CITY - ST - ZIP	Ft. Lauderdale FL	2.4 CITY - ST - ZIP	Ft. Lauderdale FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	100002509561
CITY - ST - ZIP		6.4 CITY - ST - ZIP	-05/04/98--01069--010

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 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: _____ **4/21/98** **759-970-3553**

CR2E034 (9/96)