

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 # J39366

1. Corporation Name
JAY W. HARNED CO.

Principal Place of Business
% JAY W. HARNED
8825 NORTHEAST SECOND AVENUE
MIAMI FL 33138

Mailing Address
% JAY W. HARNED
8825 NORTHEAST SECOND AVENUE
MIAMI FL 33138

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90125 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1986

4. FEI Number
59-2730355

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 4111 S.W. 47th Ave.

2a. Mailing Address
26 4111 S.W. 47th Ave

22 Suite, Apt. #, etc.
Suite # 310

27 Suite, Apt. #, etc.
Suite # 310

23 City & State
Fort Lauderdale, FL

28 City & State
Fort Lauderdale FL

24 Zip Country
33314-4038

29 Zip Country
33314-4038

9. Name and Address of Current Registered Agent

HARNED, JAY W.
8825 NE 2ND AVE.
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4111 S.W. 47th Ave
83 Suite # 310
84 City Fort Lauderdale FL 85 Zip Code 33314-4038

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HARNED, JAY W.
STREET ADDRESS 8825 NE SECOND AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME HARNED, BARBARA
STREET ADDRESS 515 NW 202 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4111 S.W. 47th Ave Suite 310
1.4 CITY-ST-ZIP Fort Lauderdale FL 33314-4038

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4111 S.W. 47th Ave. Suite #310
2.4 CITY-ST-ZIP Fort Lauderdale FL 33314-4038

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)