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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

FILED Apr 13 1998 8:00am Secretary of State

HARBO	rview plaza, inc.			
Principal Place	e of Business	Mailing Address		
% JAMES E. MOORE III 24258 HARBORVIEW RD. CHARLOTTE HARBOR FL 33980		% JAMES E. MOORE 24258 HARBORVIEW F	RD.	DO NOT WRITE IN THIS SPACE
		CHARLOTTE HARBOR	FL 33980	3. Date Incorporated or Qualified
				05/07/1987
2. Princinal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	ado or prosineds	26		59-2816125 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		S8 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🗌 No
	Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	ARNASI, ABRAHAM		la Ivaille	
	258 HARBORVIEW RD. ARLOTTE HARBOR FL 33980		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	ANDOTTE TIANDON'TE GOSGO		83	
			84 City	FL 85 Zip Code
agent La SIGNATURE	to the provisions of Sections 607.05/ egistered agent, or both, in the State in familiar with, and accept the oblig Signature, lyned or printed name of registered ag	gations of, Section 607,0505,	atutes, the above-named cor as authorized by the corpora , Florida Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	AL-ARNASI, ABRAHAM		1.2 NAME	
STREET ADDRESS	24258 HARBORVIEW RD		1.3 STREET ADDRESS	
CITY+S1-ZIP	CHARLOTTE HARBOR FL		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-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 - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+S1-ZIP		T be tre	4.4 CITY - ST - ZIP	70 T 1444-
TITLE		L] DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		ר"ו הגודוד	6.1 TITLE	LI Change LI Adunion
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	pertify that the information supplied	with this filing done not qualif	6.4 CITY-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I further certify that the information

Thereby comy that the information supplies with this lining does not quality for the exemption stated an Section 1 19.07(3)[1], Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

Al-ARNAST