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

**PROFIT** CORPORATION ANNUAL REPORT

1997

HARRY'S, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J73742** 

(5)

## **FILED** Jan 27 1997 8:00am Secretary of State

I I MAI I FROM I OF OF OF O	itat diat atal	ALEN ANDIN A	Y FADRE DANNA NO D

Principal Place of Business 2 INDEPENDENT DR SUITE 122 JACKSONVILLE FL 32202 US		Mailing Address 2 INDEPENDENT DR SUITE 122 JACKSONVILLE FL 32202-5016 US		Date Incorporated or Qualified		
2 Principa	d Prace of Business	2a. Mailing Address		<b>05/15/1987 4.</b> FEI Number	10/31/1996 Applied For	
21	Transmission	26		59-2804245	Not Applicable	
	pt #, ctc	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & S	state	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Zφ	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30		Yes No	
	9, Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	AIG, LOUI <b>S</b> 118 N. THIRD ST.		81 Name			
11. Pursua office cagent.	and to the provisions of Sections 607 0502 or registered agent, or both in the State I am familiar with, and as upt the obliga	2 and 607.1508 Jurida Stat of Fiorida, Such Change was alions of, Socion 607.0505, I	84 City utes, the above-names s authorized by the co Florida Statutes.	Address (P.O. Box Number is Not acceptated and the second submits this statement for the proporation's board of directors. I hereby acceptance in the proporation's board of directors.	FL 85 Zip Code	
SIGNATUR	\$ 9. while whed a permot rest of the distend age.		OTE Registered Agent signatur		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
THE	SAIG, GREGORY S	DELETE	1 1 TITLE		Change	
NAME	UNIO, CIRCOVIII O		12 NAME		ا ا مسر ا	
	2 INDEPENDENT OR SHITE 122	,		1911 REACH A	VE	
STREET ADDRES		2	1.3 STREET ADDRESS	1911 BEACH A	VE 22 232	
STREET ADDRES	JACKSONVILLE FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ATLANAC BEACH A	VE FL 32233	
STREET ADDRES ONY-ST-ZEP TOLE	JACKSONVILLE FL PD	DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ATLANTIC BETTEH,	VE 32233 Change ☐ Addition	
STREET ADDRES  CHY-ST-ZEP  THEF  NAME	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR SHITE 12	DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	ATLANTIC BEACH,	Change Addition	
STREET ADDRES OTY-ST-ZP THEF NAME STREET ADDRES	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR SHITE 12	DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ATLANTIC BETTER ,	Change Addition	
STREET ADDRES CHY-ST-ZEP THLE NAME	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR, SUITE 12	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ATLANTIC BETTER A  9759 CIDER KEG C  SACKSONVILLE, FL	Change Addition  Change Addition  Change Addition	
STREET ADDRES OTY-ST-ZP THEE NAME STREET ADDRES OTY-ST-ZP	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR, SUITE 12	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ATLANTIC BETTER,  9759 CIDER KEG C SACKSONVILLE, FL	Change Addition  Change Addition  Addition	
STREET ADDRES COTY-ST-70° THEE NAME STREET ADDRES COTY-ST-70° THEE	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR, SUITE 12 JACKSONVILLE FL	DELETE	3.1 IIILE	ATLANTIC BETTER A  ATLANTIC BETTER  ATLA	Change Addition  Change Addition  Change Addition	
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STREET ADDRES CHY-ST-ZP THLE NAME STREET ADDRES CHY-ST-ZP	JACKSONVILLE FL PD SAIG, LOUIS M. 2 INDEPENDENT DR, SUITE 12 JACKSONVILLE FL	DELETE  DELETE  DELETE	3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP		Change Addition	
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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 of each emental 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 of the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or

SIGNATURÉ