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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J76910

(5)

DOCUMENT #

L.A. HARRIS CARPENTRY, INC.

% MARY F. 13949 E1 ST ROYAL PALI	· · · · ·	Mailing Address % MARY F. HARRI 13349 61 ST NOR ROYAL PALM BCH	TH		3. Date Incorporal of the Qualified	3a. Dale	12/09/ 1	995
Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 2808950	.1		Applied For
		26			33 2000300			Not Applicable
Suite Apt.#,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional Required
City & State		City & State			6. Election Campaign Financing			O May Be
		28			Trust Fund Contribution			d to Fees
$Z_{\rm IP}$	Country	Zip	Cou	ntry	8. This corporation has liability for it	ntangible ta	under s	199.032,
	[25]	29	30		Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent	~- 	04	10. Name and Address of New R	egistered A	gent	
HARRIS	, MARY F.			81 Name				
	S1 ST NORTH			82 Street Add	iress (P.O. Box Number is Not Acceptabl	le)		
	PALM BCH FL 33412			83				
	THE BOTT E BOTTE			B-3				
				84 City			85 Zi	p Code
	W*************************************				pration submits this statement for the purp	<u>FL</u>		
	· · · · · · · · · · · · · · · · · · ·			Agent signature requir		DATE		
		LEBOOD OF DESCRICTIONS (1	(NOTE: Hagistered	Askint signature requir	ed when reinstating)	DATE		
	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ed when revistating) ADDITIONS/CHANGES TO OFFI	<u></u>		
· · · · · · · · · · · · · · · · · · ·	D OFFICERS AN		13. 1 1 T	TLE		<u></u>	DIRECTO	DRS IN 12
E	D OFFICERS AN	D DIRECTORS	13. 1 1 II 12 N/	TLE ME		<u></u>		
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certary trial trie 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.A. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

467-790-4870 Destina Prone #