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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

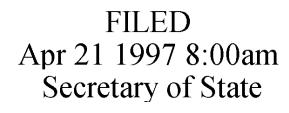
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18145

(8)

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HARPERS, INC.				1 100(0)(() 200 (000) (000) (00)	ria Bribir Waller Meder delaka bilber de	OF: 1881
Principal Place of Business	Mailing Address			4 (0010111 08. (108.1 10.04 116.1 116.1 116.1 0)	AL BLOOK BLOKLI BLOKK GIDEL ALDIT DI	BII IBBI
911 N. THOMPSON ROAD	911 N. THOMPSON ROAD					
P.O.BOX 1362 APOPKA FL 32712	P.O.BOX 1362 APOPKA FL 32712-3067					
	,			3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
				03/15/1988	10/11/1996	
2. Principal Place of Business	2a. Mailing Address			4. FE! Number		ied For
21	26 Suite, Apt. #, etc.			59-2081551		Applicable
Suite, Apt. #, etc.	7 Solite, Apr. 4, etc.			5. Certificate of Status Desired	☐ \$8.75 Add	
City & State	City & State			6. Election Campaign Financing	\$5.00 м	
23	28			Trust Fund Contribution	Added to I	
Zip Country	Zip	Count	ry	8. This corporation has liability for	intangible tax under s. 1	99.032,
24 25		30	,		Yes No	
9. Name and Address of Current I	Registered Agent	8	<u> </u>	10. Name and Address of New Re	gistered Agent	
HARPER, DONITA		8	1 Name			
911 N. THOMPSON ROAD		8	2 Street Ad	ss (P.O. Box Number is Not Acceptable)		
APOPKA FL 32712		8	3			
ti.		_				
		8	4 City	·	FL 85 Zip Co	de
11. Pursuant to the provisions of Sections 607.0502 office or registered agont, or both, in the State of agent. I am familiar with, and accept the obligation	and 607,1508, Florida Statutes Florida, Such change was au ons of, Section 607,0505, Flori	s, the also ithorized l ida Statut	ve-named co by the corpores.	orporation submits this statement for the pration's board of directors. I hereby acce		egistered gistered
SIGNATURE						
Signature, typed or printed name of registered agent a OFFICERS AND I		Hegistered A	gent signature red	quirod when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	IN 10
TITLE PD	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO GIT N		Addition
NAME HARPER, JACK		1.2 NAM				
STREET ADDRESS 911 N. THOMPSON ROAD	MARKET PLICEBOOKS DOAD		ET ADDRESS			
CITY-ST-ZIP APOPKA FL		1.4 CITY - ST - ZIP				
TITLE SD	☐ DELFTE	2.1 Trille			Change	Addition
NAME HARPER, DONITA		2.2 NAME				
STREET ADDRESS 911 N. THOMPSON ROAD		2.3 STRE	e1 ADDRESS			
CITY-ST-ZIP APOPKA FL	The state of the s	2.4 CITY - ST - ZIP				-
TITLE	LJ DELETE	3 1 TITLE	1		L Change [Addition
NAME STREET ADDRESS :	•	32 NAM	et Address			
STREET ADDRESS CITY-ST-ZIP						
TITLE	DELETE	3.4 CITY 4.1 TITLE			Change	Addition
NAME		4. 2 NAM			–	
STREET ADDRESS			ET ADDRESS			1
CITY-ST-ZIP		4.4 CHTY	-ST-ZIP			
TITLE	DELETE	5.1 TITLE			Change [Addition
NAME		5.2 NAM				
STREET ADDRESS		5.3 S1RE	ET ADURESS			
CITY-ST-ZIP	Terrere	5.4 CITY				
TITLE	☐ DELF1E	6.1 TITLE			L Change (Addition
NAME		6.2 NAMI	i i			1
STREET ADDRESS			ET ADDRESS			
14. I do hereby certify that the information supplied v	vith this filing does not qualify	6.4 DHY		ed in Section 119.07(3)(i). Florida Statute	s. I further certify that the	

14. I do hereby certify that the information supplied with this filling 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 eath; 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 off an attachment with an address.

CIGNATURE

CHELLO 469 APPORTED

4113/91 407-8

407-9210-2886