

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K37777** (5)
1. Corporation Name
HARVEST FINANCIAL SERVICES, INC.



Principal Place of Business
**5555 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD FL 33021**

Mailing Address
**5555 HOLLYWOOD BOULEVARD
SUITE 200
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

3. Date Incorporated or Qualified
10/07/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0162761

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, JAMES
3389 SHERIDAN ST.
STE 275
HOLLYWOOD FL 33021**

81. Name **Wesley T. Concan**

82. Street Address (P.O. Box Number is Not Acceptable)

**5555 Hollywood Blvd.
Suite 301**

84. City **Hollywood**

FL

85. Zip Code
33021

11. Pursuant to the provisions of Sections 607.0802 and 607.1505, 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 607.0805, Florida Statutes.

SIGNATURE

Signature of Agent or Principal Officer or Director

Signature of Agent or Principal Officer or Director

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
WOLLARD, DONALD L.
5555 HOLLYWOOD BLVD.
HOLLYWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALLEN, JAMES
3389 SHERIDAN ST #275
HOLLYWOOD 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

☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Wollard

7/22/96

Signature Printed

CR2E034 (12/95)