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 # **K66572** **(4)**

1. Corporation Name

HARVEY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% JAY M. COHEN 1355 ORANGE AVENUE. SUITE 4 WINTER PARK FL 32789	% JAY M. COHEN 1355 ORANGE AVENUE. SUITE 4 WINTER PARK FL 32789

3. Date Incorporated or Qualified: **02/13/1989**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2932275** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COHEN, JAY M.
1355 ORANGE AVENUE
SUITE 4
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	COHEN, JAY M.		12 NAME		
STREET ADDRESS	125 E. WEBSTER AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	COHEN, HILLARY S.		22 NAME		
STREET ADDRESS	125 E. WEBSTER AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		24 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	COHEN, STEWART L.		32 NAME		
STREET ADDRESS	56 LEVERING CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	BALA CYNWYD PA		34 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, LESLIE A.		42 NAME		
STREET ADDRESS	5150 OAK HILL DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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 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, added or deleted.

SIGNATURE: _____ 3/12/96 407-644-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)