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FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

% JAY M. COHEN
1355 ORANGE AVENUE, SUITE 4
WINTER PARK FL 32789-4933

3. Date Incorporated or Qualified

02/13/1989

3a. Date of Last Report

03/18/1996

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

21 121 East Morse Blvd.

Suite, Apt. #, etc.

22 City & State
23 Winter Park, FL

24 Zip
32789

25 Country
USA

2a. Mailing Address

26 121 East Morse Blvd.

Suite, Apt. #, etc.

27 City & State
28 Winter Park, FL

29 Zip
32789

30 Country
USA

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

Same

82 Street Address (P.O. Box Number is Not Acceptable)
121 East Morse Blvd.

83

Winter Park

84 City

FL

85

Zip Code
32789

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
COHEN, JAY M.
STREET ADDRESS
125 E. WEBSTER AVENUE
CITY - ST - ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
D
COHEN, HILLARY S.
STREET ADDRESS
125 E. WEBSTER AVENUE
CITY - ST - ZIP
WINTER PARK FL

TITLE ☒ DELETE

NAME
VPD
COHEN, STEWART L.
STREET ADDRESS
58 LEVERING CIRCLE
CITY - ST - ZIP
BALA CYNWYD PA

TITLE ☐ DELETE

NAME
ST
KAPLAN, LESLIE A.
STREET ADDRESS
5150 OAK HILL DRIVE
CITY - ST - ZIP
WINTER PARK FL

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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 and on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

407-644-1181

Date

Daytime Phone #

CR2E034 (9/96)