

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

FILED

Mar 07 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 # L30719

(3)

1. Corporation Name  
200 HARVARD CORP.



Principal Place of Business

2701 E SUNRISE BLVD  
SUITE 518  
FORT LAUDERDALE FL 33304  
US

Mailing Address

2701 E SUNRISE BLVD  
SUITE 518  
FORT LAUDERDALE FL 33304-3221  
US

3. Date Incorporated or Qualified  
11/20/1989

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 810 N.E. 20th Ave.  
Suite, Apt. #, etc.

2a. Mailing Address

26 810 N.E. 20th Ave.  
Suite, Apt. #, etc.

4. FEI Number  
65-0168834

Applied For  
Not Applicable

22 City & State

23 Ft. Lauderdale, FL

24 33304 25 US

27 City & State

28 Ft. Lauderdale, FL

29 33304 30 US

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

PARKER, RAYMOND  
2701 E SUNRISE BLVD  
SUITE 518  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name  
Parker, Raymond  
82 Street Address (P.O. Box Number is Not Acceptable)  
810 N.E. 20th Ave.  
83  
84 City  
Fort Lauderdale FL 85 Zip Code  
33304

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	PD	<input type="checkbox"/> DELETE
NAME	PARKER, RAYMOND	
STREET ADDRESS	2701 E SUNRISE BLVD, SUITE 518	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEACOCK, ELSA	
STREET ADDRESS	8656 SURREY LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BRENNAN, ROBERT	
STREET ADDRESS	2701 E SUNRISE BLVD, SUITE 518	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Parker, Raymond	change address
1.3 STREET ADDRESS	810 N.E. 20th Ave.	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brennan, Robert	change address
3.3 STREET ADDRESS	810 N.E. 20th Ave.	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

*Raymond Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

954-768-0274  
Daytime Phone

CR2E034 (9/96)