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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41787

1. Corporation Name

HARSAL ENTERPRISES, INC.

Principal Place of Business

% HARRY BLOODSWORTH, III
6381 COOLIDGE ST.
HOLLYWOOD FL 33024

Mailing Address

% HARRY BLOODSWORTH, III
6381 COOLIDGE ST.
HOLLYWOOD FL 33024

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90148 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1990

2. Principal Place of Business

2a. Mailing Address

21 4272 PIMLICO DR.

26 4272 PIMLICO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TALLAHASSEE FL

27 TALLAHASSEE, FL

City & State

City & State

23 32308 USA

28 32308 USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BLOODSWORTH, HARRY, III
6381 COOLIDGE ST.
HOLLYWOOD FL 33024

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 607.0502 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

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

HARRY BLOODSWORTH III

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
BLOODSWORTH, HARRY, III
STREET ADDRESS 6381 COOLIDGE ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME S
BLOODSWORTH, SALLY L.
STREET ADDRESS 6381 COOLIDGE ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

H. Bloodsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 954-989-2425

CR2E034 (11/98)

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