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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76680

(2)

HARNATE ENTERPRISES, INC.

Suite, Apt,	RY TRAIL	Mailing Address  8816 \$ MILITARY TRAIL C-2 BOYNTON BEAHC FL 33436-3220 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			3. Date Incorporated or Qualified 05/31/1990  4. FEI Number 65-0209672  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  7. Trust Fund Contribution  8. This corporation has liability for intangible tax under s. 199.032.				
24	25	29	30			Florida Statutes Yes No			
010	g. Name and Address of Current	Registered Agent	81	Т	Name	10. Name and Address of N	ew Registe	red Agent	
109	TH, HARRIET R. 39A ROEBELINI PALM COURT YNTON BEACH FL 33437		82 83			ess (P.O. Box Number is Not Ac	ceptable)	FL 85 Zip (	Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Stgnalure, typed or printed name of registered agent	of Florida. Such change was a ions of, Section 607.0505, Flo	outhorized by orida Statute:	y ti S.	he corporati	oration submits this statement for ion's board of directors. I hereby ed when reinstating)	r the purpor accept the	appointment as	s registered registered
12.	OFFICERS AND		13.	-		ADDITIONS/CHANGES TO	<del></del>	<del></del>	S IN 12
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VST SMITH, HARRIET R. 10939A ROEBELINI PALM CT BOYNTON BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET				<u></u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, HARRIET R. 10939A ROEBEUNI PALM CT BOYNTON BEACH FL	DELETE 21 TV 22 NA 23 SI		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELFTE	31 TITLE 32 NAME 33 STREET 34. CITY-1	JA I	DDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T AE	DORESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S	1 AD	OORESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELFTE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S	.1 TITLE .2 NAME .3 STREET ADDRESS .4 CITY-ST-ZIP				☐ Change	Addition
14. I do heret informatio I am an of appears in	by certify that the information supplied in indicated on this annual roport or su ficer or director of the corporation or the in Block 12 or Block 13 if or a pack.	with this filing does not qualify pplemental annual report is to ne receiver of Distor empower of Distor with ward	u for the eve	SEC.	ntion stated	in Section 119.07(3)(i), Florida S my signature shall have the sam as required by Chapter 607, Flo	Statutes. I fu le legal effe orida Statute	orther certify that ct as if made und es; and that my n	the der oath; that ame