SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L76680

(2)

FILED Sep 17 1998 8:00am Secretary of State

HARNATE ENTERPRISES, INC.							
					T ARRANGAN DAY JERRAR BANAR ONAN TODAK ORDIK OLDAK DIGAN DIGAN ONAN DARAK DIRAK DIRAK		
						41 II II	
Principal Place of Bus iness Mailing Address						,	
9816 S MILITARY TRAIL 9816 S MILITARY TRAIL							
C-2 BOYNTON BEAHC FL 33436 BOYNTON BEAHC FL 33436				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualified		
					05/31/1990		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied	For	
21		26	4		65-0209672 Not Appl		
Suite, Apt. #, etc.		Suite, Ap1. #, etc.			5. Certificate of Status Desired \$8.75 Addition		
City & State		27 City & State			Fee Required		
		28 City & State	d State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fee		
Zip			Country		8. This corporation owes or has paid the current year intangible		
24	25	-	10	,	Personal Property Tax due June 30. Yes No	'	
<u> </u>	9, Name and Address of Current		7		10. Name and Address of New Registered Agent		
SMI	TH, HARRIET R.		81	Name			
10000A BOERELINI DALLA COURT				Stroot Ad	Street Address (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33437			82	Sileer Au	duress (F.O. Box Number is Not Acceptable)		
			83	1			
			84	City	■■ 85 Zip Code		
ļ			0	City	FL 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by				named corp	poration submits this statement for the purpose of changing its registere	be	
agent. I	registered agent, or both, in the State (am familiar with, and accept the obliga	or Florida, Such change was aut tions of, section 607.0505, Flori	inorized by da Statute	y tne corpora s.	ation's board of directors. I hereby accept the appointment as registere	∌d	
SIGNATURE							
	Signature, typed or printed name of registered agent			Agent signature re	required when reinstating) DATE		
12.	OFFICERS AND	-	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	SMITH, HARRIET R.	L_ DELETE			Change A	Addition	
NAME STREET ADDRESS	10939A ROEBELINI PALM CT		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	PAYMENT PERON CO		1.4 CITY-S				
TITLE			2.1 TITLE	1-217	Change A	Addition	
NAME	- October		2.2 NAME		Change [] A	MODIO	
STREET ADDRESS	10939A ROEBELINI PALM CT 235		1	TADDRESS		1	
CITY-ST-ZIP			2.4 CITY-S			-	
TITLE	The state of the s		3.1 TITLE		Change A	Addition	
NAME			3.2 NAME		tement wordings terms 13		
STREET ADDRESS	3.3.571		3.3 STREE	T ADDRESS			
CITY-ST-ZiP	3.4 Cf		3.4 CITY-S	T-ZIP			
TITLE	DELETE 4.1 YIT		4.1 TITLE		Change A	ddition	
NAME	4.2 N		4.2 NAME		– · –		
STREET ADDRESS	JDRESS 4.3 \$T		4.3 STREET	ADDRESS			
CITY-ST-ZIP	4.4 CIT		4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE		Change A	addition	
NAME			5.2 NAME				
STREET ADDRESS	RESS 5.3 ST		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	C DECETE		6.1 TITLE		Change A	ddition	
NAME			6.2 NAME				
			6.3 STREET				
CITY-ST-ZIP			6.4 CITY-S	T-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 appatiacity tent with an address.

SIGNATURE STORMET (STORMET R. CM TH SENT C 98 'CH- 421-1700