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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

HARVARD HOUSE ADVERTISING, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business							Mailing Address						. i andri di i di di i di i di i di i di i di						
14 ANN TIGLER 17803 DEALIVILLE LANE BOCA RATON FL 33496						% ANN TIGLER 17603 DEAUVILLE LANE BOCA RATON FL 33496							DO NOT WRITE IN THIS SPACE						
													3.	. Date incorporate	d or Qualifie	d			
<u>_</u>	Principal Pl	ace of Busin	2200			2a, Mailing Address					+_	08/15/1990 FEI Number				A	E-d Fa-		
21	Principal Place of Business						26. Walling Address					•	65-1172282)		<u>}-</u>		lied For Applicable	
٣	Suite, Apt. 4	ilte, Apt. #, etc.					Suite, Apt. #, etc.								****		\$8.7		ditional
22	22						27					5.	. Certificate of Stat	lus Desired		• •	-	uired	
City & State						City & State						6.	. Election Campaig	gn Financing		\$5.0	Ю м	lay Be	
23							28						↓_	Trust Fund Contri	ibution				Fees
	Zip	Country					Zip			Country			8.	. This corporation		•			
24		6 Name	25 and 6		29 30 30				Т			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent							
Name and Address of Current Registered Agent TIGLER, ANN 8												lame	10.	. Name and Addit		Hogistere	ANGUIL		
17803 DEAUVILLE LANE																-			
BOCA RATON FL 33496										82 Street Add			ess (F	P.O. Box Number is	s Not Accep	table)			
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										84	Ĺ	City				FI	L 85 Z	ip Co	ae
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.															registered gistered				
SI	GNATURE :	Signature busic		d name of registered	Lacresc and	a silon	anole able	(NOTE:	- Boustore	od Amer	n1 e	ignature require	nd when	on reinstation)		DATE			
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	Y-ST-ZIP Li hereby ci	ertify that th	e infor	mation supplied	d with th	his fil	ing does not	qualify for		empt			Section	on 119.07(3)(i), Flo	rida Statute	s. I further o	pertify that t	he in	formation
	Indicated of officer or o	o n t his annu director of th	ial repi ne cort	ort or suppleme	ental an roceiver	inual For tr	report is true ustee empoy	and accu vered to e	irate ar	id tha	al r	ny signatur	e sha	all have the same le by Chapter 607, FI	egal effect a	s if made ι	ınder oath;	that	l am an