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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90075 044 ***150.00

• Corporation	MENT # M2830 HARLES CORPORATION	2					
Principal Place of Business Mailing Address						I Mili Militi i Militi i	
C/O DAVID PEARLSON C/O DAVID PEARLSON							
2000 PARK AVENUE 2000 PARK AVENUE						00105	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
0		20 14 15 - 4 14			03/04/1986 4. FEI Number	l An	plied For
2. Principal Place of Business		2a. Mailing Address	<u> </u>		59-2676860	— <u>⊢</u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
¬ ''		⊢	27		5. Certifcate of Status Desired	Fee Re	
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be
23			28		Trust Fund Contribution	Added t	
Zip				ı	8. This corporation owes the current year Into	angible	
24	25 29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent	
			81	Name	•		
PEARLSON, DAVID			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	PARK AVE						
MIAN	AII BEACH FL 33139		83		-		ļ
			84	City	·	85 Zip (Code
			-	' '	FL	. ` `	i
agent. I a	egistered agent, or both, in the Stat in familiar with, and accept the oblig			nt signature requires		<u> </u>	
12.	OFFICERS AND DIRECTORS		13.	·	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	☐ DELETE 1.1 T			•	Change	Addition
NAME	PEARLSON, AMY L.	1.2 N					į
STREET ADDRESS	2000 PARK AVENUE	1.3 S ¹		TADDRESS		,	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 C		ST-ZIP			
TITLE	VPD	☐ DELETE 2.1 TI				Change	Addition
NAME	PEARLSON, DAVID T.	VID T. 2.2 N					
STREET ADDRESS	2000 PARK AVENUE 2.3 S		2.3 STREE	TADDRESS	•		- 1
CITY-ST-ZIP			2.4 CITY-1	ST-ZIP	a management property of		-
TITLE		☐ DELETE 3.1 TI				☐ Change	☐ Addition
NAME		3.2 N					1
STREET ADDRESS	338		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			□ 6 3 3 9 5
TITLE	-		4,1 TITLE			Change	Addition
NAME		4.20					
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		•		J
STREET ADDRESS	onessa (1	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE			6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME			•	•
STREET ADDRESS			i	TADDRESS			
CITY-ST-ZIP	ST-ZIP 6.4.0		6.4 CITY-5	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: