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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M835

(2)

DAN HARRIS ENTERPRISES, INC.

Principal Place of Business

2773 N.W. 26TH ST. OAKLAND PARK FL 33311

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2773 N.W. 26TH ST. OAKLAND PARK FL 33311

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

 Date Incorporated or Qualified 05/27/1988

4. FEI Number

21		26			_			65-0056912		No	t Applicable
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.					Certificate of Status Desired	П	\$8.75	Additional
22			27					Certificate of Statos Desired		Fee Re	quired
City & State	9	City 8	City & State				6.	Election Campaign Financing	_	\$5.00	May Be
23		28		,				Trust Fund Contribution		Added t	to Fees
Zφ	Country	Zip			untry		8.	. This corporation owes or has paid			
24	25	29		30	7			Personal Property Tax due June 3			No .
	9. Name and Address of Current	Registered A	Agent		81	Name	10.	Name and Address of New Reg	istered A	gent	
TUPLER, ESQ., DAVID S.					"	Ivanie					-
6950 CYPRESS ROAD					82	Street Add	ddress (F	P.O. Box Number is Not Acceptable	2)		
SUITE 101											· · · · · · · · · · · · · · · · · · ·
PLANTATION FL 33317					83						-
					84	City			P I	85 Zip (	Code
11 D. (2) 2011	507 DE00		on fractile fracti		1			and the state of t	FL		- ut-ti-i-
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 Stgnature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	Signature, typed or printed name of registered agen OFFICERS AND			Hegister 13.		it signature requ	-	n reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DO AND	פסרספות	C INI 12
TITLE	PT OFFICERS AND	DINECTORS	DELETE		INTLE			ADDITIONS/CHANGES TO OFFICE	no AND	Change	Addition
NAME	HARRIS. DAN		y		VAME	1			•	onlango	
STREET ADDRESS	2002 CONGRESSIONAL WAY					ADDRESS					
1	DEERFIELD BEACH FL										
CITY-ST-ZIP TITLE	VS VS		DELETE	_	CITY-ST	- ZIP	_			Change	Addition
NAME	MCCARTHY, LEARY		المالية المالية		IAME				,		nountain
1	3007 N. OAKLAND FORES DR	!				***********					
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NAME					IAME						1
STREET ADDRESS						ADDRESS					
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NAME					AME						
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14. I nereby c	ertify that the information supplied wit	n mis ming do	pes not quality fo	ir the ex	empti	on stated if	in Section	on 149.07(3)(i), rionga Statutes. I fi	riner cer	ary that the	mormation

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 without address.

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Mecanty TLEARY MCCARTAY

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