FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10220 (4)

1. Corporation Name
HARLEQUIN PLAYERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1281 WHIMBREL RD. C/O MRS. LORRIE JACOBS WEST PALM BCH. FL 33414 US	1281 WHIMBREL RD C/O MRS. LORRIE JACOBS WEST PALM BCH FL 33414

3. Date Incorporated or Qualified: 07/16/1985
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0012064 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ N/A — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ N/A — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBS, LORRIE 1281 WHIMBREL RD. WEST PALM BCH FL 33414	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 84 City FL 85 Zip Code

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 SAME. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	JACOBS, LORRIE	12 NAME	
STREET ADDRESS	1281 WHIMBREL RD	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	CHRISTIE, ELIZABETH (A)	22 NAME	
STREET ADDRESS	244 NATCHEZ COURT	23 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BCH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JACOBS, WILLIAM	32 NAME	
STREET ADDRESS	1216 ROYAL PALM BCH BLVD	33 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D (NO LONGER A DIR.) ☒ Change ☐ Addition
NAME	MCCONNELL, DAVID A.	42 NAME	MCCONNELL, DAVID A.
STREET ADDRESS	290 AKRON RD.	43 STREET ADDRESS	290 AKRON RD
CITY ST ZIP	LAKE WORTH FL	44 CITY ST ZIP	LAKE WORTH, FL.
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	SPIRO, DIANE	52 NAME	
STREET ADDRESS	13008 MEADOWBREEZE DR.	53 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D (NO LONGER A DIRECTOR) ☒ Change ☐ Addition
NAME	WHALEN, RICHARD	62 NAME	WHALEN, RICHARD
STREET ADDRESS	1336 WESTOVER RD.	63 STREET ADDRESS	1336 WEST OVER RD.
CITY ST ZIP	WEST PALM BCH. FL	64 CITY ST ZIP	WEST PALM BEACH, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorrie Jacobs APR. 30 95 793-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048545