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 # P93000066862 (2)

HARVEST PRODUCTIONS, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
232 S. DILLA	RD ST.	232 S. DILLARD ST.						
SUITE 201 WINTER GAR	DEN FL 34787	SUITE 201 WINTER GARDEN FL 34787				DO NOT WRITE IN THIS SPACE		
		WHITE OF THE PART	WHITEH CAMPENTE OFFICE			3. Date Incorporated or Qualified		
						09/20/1993	•	
2. Principal P	Place of Business	2a. Mailing Address				4. FÉI Number		Applied For
21	· _	26				59-2871116		Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	e	City & State				Election Campaign Financing \$5.00 May Be		
Zip	Country	Zip Country				Trust Fund Contribution Added to Fees		
24	25	29 30		ıı y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
241	9. Name and Address of Currer		30			10. Name and Address of New Registered Agent		
SIL	ANSKAS, RICHARD M JR	<u> </u>		81 1	Vame			
232		80 8						
	ITE 201		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable	θ)	1
WINTER GARDEN FL 34787			Ī	83				
			ļ.	B4 (Nis.		last 7	
			ľ	54	City		FL 85 Zi	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-n	amed corpo	oration submits this statement for the pu	rpose 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								
	Signature, typed or printed manie of registered age			Agent s	ignature require	d when reinstating)	DATE	
12.	OFFICERS ANI					ADDITIONS/CHANGES TO OFFICE		PRS IN 12 Addition
TITLE Name	OILANOVAC DICHADD M ID		1	1.1 TITLE 1.2 NAME			L. Change	LJ AUGIIIOII
STREET ADDRESS	2525 LAKE GRIFFIN RD.		1.2 NAME 1.3 STREET ADDRESS		BRECC			
CITY-ST-ZIP	LADVIAVE EL 20150			1.4 CITY - ST - ZIP				
TITLE	- 101		~-	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	SIL ANSKAS, RICHARD M SR	_		2.2 NAME				
STREET ADDRESS	17702 COUNTY RD. 455			2.3 STREET ADDRESS				
CITY-ST-ZIP	MONTVERDE FL 34756		2.4 CIT					
TITLE				3.1 TITLE			☐ Change	Addition
NAME	321		3.2 NAM	3.2 NAME				
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS				Ī
CITY-ST-ZIP			3.4. CIT	Y-ST-Z	ZIP			
TITLE	DELETE 4.1 T		4.1 TITE	.E			☐ Change	☐ Addition
NAME			4. 2 NAM		ĺ			
STREET ADDRESS			4.3 STREET		DRESS			
CITY-ST-ZIP		1-1	4.4 CITY		IP .	v-e, u		
TITLE		☐ DELETE	5.1 TITL				☐ Change	Addition
NAME			5.2 NAN				A	2 7WD
STREET ADDRESS			1	EET ADD				1334
CITY-ST-ZIP		DELETE		<u>r - ST - ZI</u>	IP		Charas	Addition
TITLE		☐ VELETE	6.1 TITLE			400002433	☐ Change ☐ ☐ ☐	Addition
NAME			6.2 NAN			40000243; -02/24/980100; ***150.00	9024	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			***150.00	our fourthese t	f
CITY-ST-ZIP			6.4 CITY	r-ST-ZI	IP [

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 receive of 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 attack ment with an address.

Settle 2/2/68 Voz/87-546

CR2E034 (10/97