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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012227 (2)

GUY HARRIS, INC.

FILED									
Apr 02 1997 8:00am									
Secretary of State									

Principal Piac 133 NE 19TH HOMESTEAD		Mailing Address C/O DALTON SHELLHOUSE 133 NE 19TH STREET HOMESTEAD FL 33030-4523 US								
					3. Date Incorporated or Qualified 02/10/1994	1 '	ate of Last R 24/1996	eport		
2. Principal Place of Business 2a. Mailing Address							1 L_4-i-i-			oplied For
21 Code Aca	, ,	26 Suite Ant # etc	Suite, Apt #, etc.			65-0577400 Not Applicab				
Suite, Apt	. #, 6 10.	27					5. Certificate of Status Desired Fee Require			
City & Stri	de	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zıp	Co	untry	/		8. This corporation has liability for i	ntangible	tax under s	199.032
24	25	29	30					Yes		
	9. Name and Address of Cui	rent Hegistered Agent		81	Name		0. Name and Address of New Re	jistered	Agent	
	DORSKY, MARSHA G			_				··· ·· ··· ··· ···		
	85 S. Bayshore dr. Ite 603			62	Street	Addres	(P.O. Box Number is Not Acceptab	le)		
	AMI FL 33133			83						
PER	AMI I E 00 100			84	Oit				lee l Zin	Code
					City			FL	85 Zip	Code
SIGNATURE	Signature, typical or printed name of registeres	ragemand tillid flapplicable (NC AND DIRECTORS	OTE Register		ent signature	Deruper	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS ANI	DIRECTOR	25 IN 12
Trice	D	DELETE					ADDITIONO DI INNOCO TO OTTE	CHO MA	Change	Addition
NAVE	SHELLHOUSE, DALTON		1.24	NAME		Ì				
STREET ADURESS	444 117 1471 677		1.33	STREET	ADDRESS					
CH* - \$1 - 70°	HOMESTEAD FL			1.4 CITY-ST-ZIP				T		
THEF				2 1 TITLE					Change	☐ Addition
NAME		•		NAME						
STREET ADDRESS		•			ADDRESS					
CHY-ST-ZiP THLE					2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME		because of the trib to		NAME	ĺ					
STREET ADDRESS					T ADDRESS					
D/TY+\$1+Z/P			3.4.	CITY-	ST-ZIP					
THTLE		DELFTE	4.1	TITLE					Change	Addition
NAM!			4. 2	NAME						
STREET ADDRESS			4.3	STREET	I ADORESS					
CHY-SI-ZIP		DELETE			ST-ZIP				☐ Change	Addition
101E		ר"ו הנונונ	4	TITLE	į				LL CHAINGE	LT MOOITOH
NAME CONSECUTATIONS IS				NAME	LADDECCE					
STREET ADORESS City - ST - 2if-					FADDRESS St-Zip					
TRUE		DELETE		TITLE	21 - £1F				Change	Addition

14. I do 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.

6.3 STREET ADDRESS 6.4 City-S1-Zip

6.2 NAME

SIGNATURE

NAMI

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PAllon ShellhousE

3-24-97 305 246 9650