## 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 #
1. Corporation Name
GUY HARRIS. INC.

P94000012227 (2)

**FILED** Mar 24 1998 8:00am Secretary of State

GOTT	irmio, irro.			. (1887) 18 18 18 18 18 18 18 18 18 18 18 18 18
Principal Place of Business		Mailing Address		F TROUDON IN HOUSE DIDIT DOES DANS BOLL DANS STAND TIDID 1501 1601 5001
133 NE 19TH STREET		C/O DALTON SHELLHOUSE		
HOMESTEAD FL		133 NE 19TH STREET		DO NOT WRITE IN THIS SPACE
		HOMESTEAD FL 33030 US		3. Date Incorporated or Qualified
				02/10/1994
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0577400 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be
23	T Country	28	On inter-	Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24]	9. Name and Address of Curre		30	10. Name and Address of New Registered Agent
MADORSKY, MARSHA G 81 Name				
GOOS C DAVONODE OD				Iress (P.O. Box Number is Not Acceptable)
SUITE 603			Street Add	riess (P.O. Box Number is Not Acceptable)
MIAM! FL 33133			83	
			84 City	■■ 85 Zip Code
				FL   S   Zip Coos
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or pointed name of registered ag	not and title if applicable (NOTE ID DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	SHELLHOUSE, DALTON		1.2 NAME	
STREET ADDRESS	133 NE 19TH STREET		1.3 STREET ADDRESS	İ
CITY-ST-ZIP	HOMESTEAD FL		1.4 CHTY+ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	İ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		[_] Offer	4.1 IIILE 4.2 NAME	Commige C. Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY+ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP		No Alice Miles also and a series of	6.4 CITY-ST-ZIP	Control 440 07(0)() Florido Control 15 de
indicated	on this annual report or supplementa	al annual report is true and accu	rate and that my signatu	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath, that I arn 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.				
$\sim 10^{10}$				
SIGNATURE: Palta Shellhouse 3-11-98 3050421346				