FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O		IONS			
DOCUI 1. Corporation	MENT # P9400	00025884 (5	5)				
HARVE	EST INFORMATION MANAG	GEMENT, INC.					
Principal Place	e of Business	Mailing Address				0 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7040 W. PAL	METTO PARK ROAD	7040 W. PALMETTO F	PARK ROAD				
SUITE 200	N FL 00400	SUITE 200					
BOCA RATO	N FL 33433	BOCA RATON FL 334 US	133		3. Date Incorporated or Qualified	3a. Date of Last F	Report
					04/01/1994	04/14/19	
t. Principal P.	ace of Business	2a, Mailing Address			4. FEI Number 65-0494350		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #. etc.					Not Applicable 5 Additional
		27			5. Certificate of Status Desired		Required
City & State	e	City & State			6. Election Campaign Financing		10 May Be
7ip	Country	Z _{ID}	Countr		Trust Fund Contribution		d to Fees
]	25	29	30]	У	This corporation has liability for in Florida Statutes Florida Statutes Yes	ntangibie tax under s 	199.032,
	9. Name and Address of Curre				10. Name and Address of New R		
			8	1 Name			
MULLIGAN, ARTHUR G			8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	. Palmetto park road		8:				
200 BOCA B	IATON FL 33433		0	3			
DUUN R	INTON FL 33433		84	4 City		FL 85 Z	p Code
	(0.1)			1			
Pursuant t or register familiar wit	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	02 and 607,1508, Florida Statu irida. Such change was authori ction 607,0505, Florida Statute	ites, the above zed by trie cor is.	l -named corpo poration's boa	ration submits this statement for the purp and of directors. Thereby accept the appo		registered offic d agent. Fam
Pursuant to register familiar with IGNATURE	til, and accept the obligations of, Soc Signature, typed or primed name of registered age	ction 607.0505, Florida Statute	tes, the above zed by the cor s.		of vieru renotatings	ose of changing its intruent as registered	
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oath, that I am an officer of affector of the corporation or the receiver or trusted enipowered 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR