

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000028152 (4)

1. Corporation Name

HARCOURT SERVICES, INC.

Principal Place of Business

6765 ARBOR DRIVE  
MIRAMAR FL 33023

Mailing Address

6765 ARBOR DRIVE  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 17400 NW 68TH AVENUE

2a. Mailing Address

26 17400 NW 68TH AVENUE

4. FEI Number

65-0488750

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 203

Suite, Apt. #, etc.

27 SUITE 203

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 MIAMI LAKES, FL

City & State

28 MIAMI LAKES, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33015

Country

25 USA

Zip

29 33015

Country

30 USA

8. This corporation has liability for intangible tax under S. 199 (192)  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHUCK MOGBO PA  
2331 N STATE ROAD 7  
SUITE 124  
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PYETUNJI, BODE  
STREET ADDRESS 6765 ARBOR DRIVE  
CITY, ST, ZIP MIRAMAR FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME DUEBODE DUEYUNJI  
1.3 STREET ADDRESS 17400 NW 68TH AVENUE SUITE 203  
1.4 CITY, ST, ZIP MIAMI LAKES, FL 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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 110.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 845-5576