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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000028152 (4)**

1. Corporation Name
HARCOURT SERVICES, INC.

Principal Place of Business	Mailing Address
17400 NW 68TH AVENUE SUITE 203 MIAMI LAKES FL 33015 US	17400 NW 68TH AVENUE SUITE 203 MIAMI LAKES FL 33015-4055 US

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0488750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 18068 SW 30TH COURT	26 18068 SW 30TH COURT
Suite, Apt. #, etc. 22 SILVERLAKES	Suite, Apt. #, etc. 27 SILVERLAKES
City & State 23 PEMBROKE PINES FLORIDA	City & State 28 PEMBROKE PINES FLORIDA
Zip 24 33029 Country 25 USA	Zip 29 33029 Country 30 USA

9. Name and Address of Current Registered Agent

DUETUNJI, OUEBODE
17400 NW 68TH AVENUE
SUITE 203
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name: OUEBODE OUETUNJI
82 Street Address (P.O. Box Number is Not Acceptable): 18068 SW 30TH COURT
83 SILVERLAKES
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE: DIRECTOR	☒ Change ☐ Addition
NAME	DUETUNJI, OUEBODE		1.2 NAME: OUEBODE OUETUNJI	
STREET ADDRESS	17400 NW 68TH AVENUE		1.3 STREET ADDRESS: 18068 SW 30TH COURT SILVERLAKES	
CITY-ST-ZIP	MIAMI LAKES FL 33015		1.4 CITY-ST-ZIP: PEMBROKE PINES FL 33029	
TITLE		☐ DELETE	2.1 TITLE: CONTROLLER	☐ Change ☒ Addition
NAME			2.2 NAME: LOLA THOMAS	
STREET ADDRESS			2.3 STREET ADDRESS: 18068 SW 30TH COURT SILVERLAKES	
CITY-ST-ZIP			2.4 CITY-ST-ZIP: PEMBROKE PINES FL 33029	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
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			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: LOLA THOMAS DIRECTOR 05/01/1997