## 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 # P9400036226 (6)

GEORGE R. HARPER, P.A.

<b>4,24</b>																
Principal Place of Business				Mailing Address						7			7     4    1	/ IFBI 0		
200 S. BISCAYNE BLVD.				200 S. BISCAYNE BLVD.												
SUITE 4000				SUITE 4000						DO NOT WRITE IN THIS SPACE						
MIAMI FL 33131-2398 MIAMI FL 33131-2398											. Date Incorporated or Qualified					
											05/11/1994					
2. Principal Place of Business				2a. Mailing Address						4. FEI Number				Арр	lied For	
21				26							65-0494217			Not /	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5.	Certificate of Status Desired		T		ditional	
22				City & State						<del> </del>				Requ		
City & State				28 State										5.00 May Be		
Zip Country							Country			۱.	This corporation owes or has p					
24	25			29 30						1 *			Yes			
9. Name and Address of Cur											Name and Address of New R		d Agent			
HAF	RPER, GEO	RGE R					81	1	Name							
200 S. BISCAYNE BLVD.								82 Street Addre			P.O. Box Number is Not Accepta	ble)				
SUITE 4000								OZ Sireet Address			.o. box rumbur is not ricoopia					
MIAMI FL 33131-2398							83									
							84	1	City				85 Z	ip Co	ode	
									•		***	F	_			
11. Pursuant t	to the provisi egi <b>ste</b> red ag	ions of Sections : ent_or both, in th	607.0502 and he State of FI	d 60 Iorid	7.1508, Florida <b>Sta</b> tu a. Such change was	ites, the authori	abov d bes	ve-r ov ti	named corp he corporati	oratic on's l	on submits this statement for the board of directors. I hereby acce	purpose of the ar	of changin opointment	g its r	registered igistered	
agent. I ar	m familiar wi	th, and accept th	ne obligations	s ot,	Section 607.0505, F	lorida S	latute	es.			,		•			
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·								<del></del>	<u>.</u>						
	Signature, typed	or printed name of reg	ISTORED AGONT AND DIF					geni	signature require		ADDITIONS/CHANGES TO OFFI	DATE OFRS AN	UD DIRECT	OBS	IN 12	
TITLE	D OFFICENS AND			DELETE			13.				ADDITIONS/CHANGES TO OFF	OLIIO AI	Chang		Addition	
NAME	HARPER, GEORGE R			oneric			1.2 NAME									
STREET ADDRESS 200 S. BISCAYNE BLVD., STE							1.3 STREET ADDRESS									
CITY-ST-ZIP		L 33131-2398	D., O.L. 10				CITY-		l l							
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NAME						4.	2 NAMI	[								
STREET ADDRESS						4.3	STREE	TAC	DDRESS							
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CITY-ST-ZIP					<b>-</b>		CITY-		ZIP				T as		4.430	
TITLE					DELETE		TITLE		ļ				Chang	je	Addition	
NAME						6.3	NAME									
STREET ADDRESS						6.3	STREE	T AC	DDRESS							

14. I 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 of 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 hyppin attachment with an address.

**FILED** 

Feb 13 1998 8:00am

Secretary of State