SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE 1

BER 17, 1997. FLORIDA DEPARTME OF STATE

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Md

Secretary of DIVISION OF CORP RATIONS

DOCUMENT # P94000039384 (0)

HARNICK, INC.

FILED Aug 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 5859 W. ATLANTIC AVE 10691-B LADY PALM LANE DELRAT BEACH FL 33484 **BOCA RATON FL 33498** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1994 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65:0504190 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Z_{10} 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BERNSTEIN, ALAN ESQ. 5033 OKEECHOBEE BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 W. PALM BEACH FL 33417 83 84 85 Zip Code City 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 (NO1E: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 DELETE Change Addition 1.1 TITLE TITLE HARNICK, SAM 1.2 NAME NAME 10691-B LADY PALM LANE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 THTL€ TITLE HARNICK, PEARL NAME 2.2 NAME 10691-B LADY PALM LANE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 S REET ADDRESS Y-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 NAME 5.2 FET ADDRESS STREET ADDRESS - \$1 - 2IP CITY-ST-ZIP DELETE Addition 61 TITLE NAME 621 STREET ADDRESS ET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the urate and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

5 11-01-11