## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P94000039384 (0)

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

HARNICK, INC.

## **FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								1 8 8 8 8 9 1 H	NA 18198 ISING H	IIAI OODE EDDE
1	Mailing Address			ļ						
5859 W. ATLANTIC AVE. DELRAT BEACH FL 33484		10691-B LADY PALM LANE BOCA RATON FL 33498								
DECIMAL DEN	OH FE 33404	DOON HATON PE 33430			ļ	DO N	OT WRITE	IN THIS	SPACE	
						3. Date incorporated or 05/20/1994	Qualified			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			I A	pplied For
21		26			ļ	65-0504190			<u> </u>	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.						$\overline{}$		Additional
22		27				6. Certificate of Status D	esired			equired
City & State	е	City & State				Election Campaign Financing \$5.00 May Be				
23						Trust Fund Contribution	on			to Fees
Zip	Country	ZipCou				8. This corporation owes				
24	25	29 3	0			Personal Property Tax				No
	9. Name and Address of Curren	t Registered Agent	<del>-  </del>	31	Name	10. Name and Address	of New Reg	istered	Agent	
	RNSTEIN, ALAN ESQ.		'	"	Name					
	33 OKEECHOBEE BLVD.		Ē	32	Street Addres	Address (P.O. Box Number is Not Acceptable)				
W.	PALM BEACH FL 33417		l.	33						
				,3						
			[8	34	City			FI	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the abo	Ve-	named corpor	ration submits this statemer	nt for the pu			its registered
office or a agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607.0505, Flori	thorized da Statu	by tes.	the corporation	n's board of directors. I her	eby accep	t the app	pointment as	s registered
SIGNATURE	Stonature, typed or printed nank; of registrined age-	NOTE 1	Pominturad	1000	nt signature required	Luben reigntation		DATE		
12.	OFFICERS AND		13.	-gon	t signature required	ADDITIONS/CHANGES	TO OFFIC		D DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITU		[	(100111011010110110110100	70 01710	2.10.711	Change	Addition
NAME	HARNICK, PEARL		1.2 NAM							
STREET ADDRESS	10691-B LADY PALM LANE		-	_	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY		· · · · · · · · · · · · · · · · · · ·					
TITLE	· · · · · · · · · · · · · · · · · · ·		2.1 TITLE						Change	Addition
NAME			2.2 NAM	IE	1				_	
STREET ADDRESS			2 3 STRI	ET A	ADORESS					
CITY-ST-ZIP			2. 4 CIT		- 1		**4	77.4		
TITLE		☐ DELETE	3.1 TITL						Change	Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			3.4. CIT1	r-st	-21P					
TITLE		☐ DELETE	4.1 TITL	_			<del></del>		Change	Addition
NAME			4. 2 NAN	Æ						
STREET ADDRESS			4.3 STRI	ET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-	- ZIP					
TITLE		☐ DELETE	5.1 TITL	E					Change	Addition
NAME			5.2 NAM	E	Ī					
STREET ADORESS			5.3 STRE	ET A	IDORESS					
CITY-ST-ZIP			5.4 CITY	-\$1-	ZIP					
TITLE		☐ DELETE	6.1 TITL						☐ Change	Addition
NAME .			6.2 NAM	E						
STREET ADDRESS			6.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY							

14. Thereby 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 coreiver 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 an attachment with an address.

SIGNATURE: