FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 JUN 23 AM 10:21
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P94000048327

1. Corporation Name
HARJOR, INC.

Principal Place of Business / Mailing Address -SAME
10191 WEST SAMPLE ROAD #217
CORAL SPRINGS, FLORIDA 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 6/28/94
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0509456 — Applied For / Not Applicable
5. Certificate of Status Desired: XX — $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 XX No

9. Name and Address of Current Registered Agent
Baker, Robert M.
ROBERT M. BAKER, P.A.
8181 WEST BROWARD BOULEVARD
SUITE 300
PLANTATION, FLORIDA 33324

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 _____ 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	PD	11 TITLE	XX Change ☐ Addition
NAME	HAROLD KLEMOW	12 NAME	
STREET ADDRESS	7046 Valencia Drive	13 STREET ADDRESS	10019 NW 10th Manor
CITY-ST-ZIP	Boca Raton, Florida 33433	14 CITY-ST-ZIP	Coral Springs, Florida 33071
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JORDAN KLEMOW	22 NAME	900001522769
STREET ADDRESS	8517 NW 77th Street	23 STREET ADDRESS	-06/26/95--01028--009
CITY-ST-ZIP	Tamarac, Florida 33321	24 CITY-ST-ZIP	****233.75 ****233.75
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	SCC 6-23-95

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 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: Harold Klemow President 6-21-95 305-753-9721
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #