FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State

FILED

03-05-1999 90035 002 ***150.00

DOCUMENT #	P940000528	13
 Corporation Name 	1 0 10000020	10

DURTY HARRY'S INTERNATIONAL, INC.

DO:111	HAHITI O INTERNATIONAL	,, 1140.							
Principal Pto	ace of Business	Mailing Address						//	(6) ((606)(() (71)
		Mailing Address							
4390 N FEDE Suite 100	KAL MWT	4390 N FEDERAL HWY SUITE 100							
FT LAUDERD	ALE FL 33308	FT LAUDERDALE FL 333	308			J	DO NOT WRITE ÎN TI	HIS SPACE	
US		US				Ì	3. Date Incorporated or Qualifed		
				_			07/13/1994		
_2. Principal	Place of Business	2a. Mailing Address					4. FEI Number		Applied For
21		26					65-0590630	^	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional
22	-1-	27					<u>, </u>	Fee F	Required
City & Sta	ale	City & State					6. Election Campaign Financing		O May Be
23 Zip	Country	Zip					Trust Fund Contribution		d to Fees
24	25	}	Cou	intry			8. This corporation owes the current year		
	9. Name and Address of Curre	29	30	т			Personal Property Tax.	Yes	□No
	J. Hame and Address of Curre	me registered Agent		81	Name	,	10. Name and Address of New Register	A MACUIT	
GO	RMAS, HARRY M								
	00 N FEDERAL HWY			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
	IYE 100			83	 			·	
FT	LAUDERDALE FL 33308					_			
				84	City			85 Zip	Code
11 Pursuan	of to the provisions of Sections 607.05	i02 and 607 1508 Florida Sta	tutes the a	h02/6	2-020000	Logran	ation submits this statement for the purpose		te maistand
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized	lby	the corp	oration'	s board of directors. I hereby accept the ap	pointment as r	registered
_	am familiar with, and accept the oblig	ations of, Section 607.0505, F	-iorida Stati	utes	: _ _				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	TE: Registered	Agen	t signature	required w	hen reinstating) DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PSD	DELETE	1.1 TI	l.E		ľ	•	☐ Change	
NAME	GORMAS, HARRY M		1.2 NA	ME		1,			
STREET ADDRESS	4390 N FEDERAL HWY SUITE	100	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1,4 CF	Y-S1	r-ZIP		_		
TITLE	VPD	DELETE	2.1 TI			1/ F	7/)	☐ Change	Addition
NAME	GORMAS, MIKE	, ,	2.2 NA	ME		1000	LLINS, MIKE 190 NIFEDIALL ST TUNUSKANIE 333		
STREET ADDRESS	4390 N FED HWY STE 103		2.3 ST	REET	ADDRESS	1/2	SO AL GEORGE L	TG 113	
CITY-ST-ZIP	FT LAUDERDALE FL-33308		2. 4 CI	TY-S	T-ZJP	43	TININEDERIE 37	2800	
TITLE	SD	DELETE	3.1 TIT	_		 	100100101010100100100000000000000000000	Change	Addition
NAME	LASORSA, NICHOLAS		3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33308		3.4. Cr	TY- S1	T-ZIP				
TITLE	-VP-	DELETE	4.1 TIT	LE				Change	Addition
NAME	PICTIONI, JOE	`	4. 2 N	ME					
STREET ADDRESS	1		•		ADDRESS				
CITY-ST-ZIP	FT-LAUDERDALE FE333308		4.4 01	Y-ST	-ZIP				
TITLE		☐ DELETE	5 1 TIT	LE				Change	Addition
NAME			5.2 NA	ME					معود د د و ع
STREET ADDRESS			—- 5.3 Sπ	REET	address	٠	ئەسىمى <u>دىكىسىنى</u> ن بىلىرىن دىنى سىرىسىنىن دىنى سىرىسىنىن ئىلىرىن بىلىرىن دىنى سىرىسىنىن دىنى سىرىسىنى دىنى سىرىسى		
CITY-ST-ZIP			5.4 CIT	Y-\$T	-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE		 		Change	☐ Addition
NAME			6.2 NA	WE				_ •	<i>-</i> ,
STREET ADDRESS	5		6.3 STI	REET	ADDRESS				
CITY-ST-7IP			6.4 C/T	V-ST	-71P	1			

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 comporation 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 epidess, with all other like empowered.

SIGNATURE:

GAATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/, /99 954-491-9005

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