

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 04 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000061486 (4)

1. Corporation Name
HARRISON & ZECHIEL, INC.



Principal Place of Business 8766 BARCIN CIRCLE RIVERVIEW FL 33569-4950	Mailing Address 8766 BARCIN CIRCLE RIVERVIEW FL 33569-4950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9812 Gibsonton Drive Suite, Apt. #, etc. 22 Suite B-5 City & State 23 Riverview, FL Zip 24 33569	2a. Mailing Address 26 9812 Gibsonton Drive Suite, Apt. #, etc. 27 Suite B-5 City & State 28 Riverview, FL Zip 29 33569 Country 30 Hillborough
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3. Date Incorporated or Qualified 08/19/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3258820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZECHIEL, KENNETH C
 8766 BARCIN CIRCLE
 RIVERVIEW FL 33569-4950**

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DST	<input type="checkbox"/> DELETE
NAME ZECHIEL, KENNETH C	
STREET ADDRESS 8766 BARCIN CIRCLE	
CITY-ST-ZIP RIVERVIEW FL 33569-4950	
TITLE VPD	<input type="checkbox"/> DELETE
NAME FULGHUM LEE	
STREET ADDRESS 8766 BARCIN CIRCLE	
CITY-ST-ZIP RIVERVIEW FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SAMEC, EDWARD	
STREET ADDRESS 8766 BARCIN CIRCLE	
CITY-ST-ZIP RIVERVIEW FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME HARRISON ROBERT R.	
STREET ADDRESS 8766 BACIN CIRCLE	
CITY-ST-ZIP RIVERVIEW FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Zeziel, Kenneth C.	
1.3 STREET ADDRESS 8766 Barcin Circle	
1.4 CITY-ST-ZIP RIVERVIEW, FL 33569-4950	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SAMEC, EDWARD	
3.3 STREET ADDRESS 9812 Gibsonton Drive, Suite B-5	
3.4 CITY-ST-ZIP RIVERVIEW, FL 33569	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E034 (4/97)