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

DOCUMENT # P94000061486

HARRISON & ZECHIEL, INC.

Principal Place	e of Business	Mailing Address	•			
9812 GIBSONT	ON DRIVE	9812 GIBSONTON DRIVE				
SUITE B-5		SUITE B-5		DO NOT WRITE IN TH	HIS SDACE	
RIVERVIEW FL 33569 US RIVERVIEW FL 33569 US			3. Date Incorporated or Qualifed	IIG SI AOL		
US		03	•	08/19/1994		
s Dringing D	lace of Business	2a. Mailing Address		4. FEI Number	Ani	plied For
			. dula	59-3258820	 	t Applicable
Suite, Apt.	C description of the contract	26 Suite, Apt. #, etc.	m chall		\$8.75 A	- ' '
— · '	#, etc.	27	٠	5. Certificate of Status Desired	Fee Re	
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00	May Re
23 River		28 ENERGIEU,-	fi	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 33569-	4950 25 USA	29 33969-4950 30	ひえひ	Personal Property Tax.	☐Yes	[X No
24 37001	9. Name and Address of Current	<u> </u>		10. Name and Address of New Register	ed Agent	
		<u> </u>	81 Name			
	HIEL, KENNETH C		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
8766 BARCIN CIRCLE			62 Street Addi	ress (P.O. Box Number is Not Acceptable)		
RIVE	RVIEW FL 33569-4950		83		12 12112	
I				<u> </u>	as Zio C	`ada
•			84 City	· F	85 Zip C	Jode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State of	of Florida. Such change was autho	rized by the corporati	on's board of directors. I hereby accept the ap	pointment as req	gistered
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Sialules.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Reci	istered Agent signature require	ad when reinstating) DATE		
12.	OFFICERS AN	.	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	11 m 6	n	Change	Addition
NAME	ZECHIEL, KENNETH C	`` 1	1.2 NAME	echiel, Kenneth C. 1876 Barom Circle	• •	
STREET ADDRESS	8766 BARCIN CIRCLE	1	1.3 STREET ADDRESS	5766 Barem Circle		
CITY-ST-ZIP	RIVERVIEW FL	1	1.4 CITY-ST-ZIP	Mokusew, FC		
TITLE	SD	DELETE	21 TITLE 1	0	Change	☐ Addition
NAME	SAMEC, EDWARD	~		ionas Edulard	•	
STREET ADDRESS		F R.5	2.3 STREET ADDRESS	766 Barcin arche		
CITY-ST-ZIP	RIVERVIEW FL			iverview, FC.	*	
TITLE	WATHAIT	☐ DELETE		PD	Change	Addition
NAME			32 NAME	allahan Steve	-	• •
1			3.3 STREET ADDRESS	allahan, Steve 3766 Baran Circle		
STREET ADDRESS			3.4 CITY OT 710	werutes fr		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	to the country of the	Change	Addition
NAME	,		4. 2 NAME		_ •	_
			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.3 STREET AUDRESS			
CITY-ST-ZIP			110m/ 07 TO			
		☐ DELETE	4.4 CITY-ST-ZIP		["] Change	Addition
TITLE			5.1 TITLE		Change	☐ Addition
TITLE NAME			5.1 TITLE 5.2 NAME		Change	Addition
TITLE NAME STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
TITLE			5.1 TITLE 5.2 NAME		☐ Change	Addition

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90078 005 ***158.75