FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000009324 (1)**

1. Corporation Name
HARVE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~877 EXEC. CENTER DR SUITE 303~~ ~~ST PETERSBURG FL 33702~~	~~877 EXEC. CENTER DR SUITE 303~~ ~~ST PETERSBURG FL 33702~~

3. Date Incorporated Or Qualified: 02/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3815 GULF BOULEVARD
22 Suite, Apt. #, etc.
23 City & State: ST PETE BEACH, FL
24 Zip: 33706
25 Country: USA

2a. Mailing Address
26 3815 GULF BOULEVARD
27 Suite, Apt. #, etc.
28 City & State: ST PETE BEACH, FL
29 Zip: 33706
30 Country: USA

4. FEI Number: 65-0554491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ☐ No

9. Name and Address of Current Registered Agent

~~MASCARA, ERNEST L~~
~~877 EXEC. CENTER DR SUITE 303~~
~~ST PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name: TREVOR HARVEY
82 Street Address (P.O. Box Number is Not Acceptable): 3815 GULF BOULEVARD
83
84 City: ST. PETE BEACH FL 85 Zip Code: 33706

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: Trevor Harvey (TREVOR HARVEY) DATE: 3/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MASCARA, ERNEST L~~ ~~877 EXEC. CENTER DR SUITE 303~~ ~~ST PETERSBURG FL 33702~~ ☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DPT TREVOR HARVEY 3815 Gulf Boulevard St. Pete Beach, FL 33706 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DVPS MADELINE FITZACHARY 3815 Gulf Boulevard St. Pete Beach, FL 33706 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 added, above or on an attachment with an address.

SIGNATURE: Trevor Harvey (TREVOR HARVEY) 3/22/96 $13 360 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)