## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000030140 (4)

**DOCUMENT #** 

J.K. HARWARD, INC.

Principal Place of Business

Mailing Address



121 NE 16TH COURT FORT LAUDERDALE FL 33305	121 NE 16TH COURT FORT LAUDERDALE F	L 33306			
			3. Date Incorporated or Qualified 04/12/1995	3a. Date of La	ast Report
2. Principal Place of Business	2a. Mailing Address	COTH.	4. FEI Number	2.	Applied For
21 1851 NW 99th AVE	UUE 26 1851 NW	99THAVENUE	65-05742	36	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	150	3.75 Additional Fee Required
City & State  PLANTATION, FL	City & State  28 PLANTAT	TION, FL	6. Election Campaign Financing Trust Fund Contribution		<b>5.00</b> May Be Added to Fees
Zip Country 24 33322 25 USA	29 33322	Country 30 USA	This corporation has liability for in Florida Statutes  Yes  Yes	intangible tax und No	der s. 199.032,
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	legistered Agen	t
		81 Name			
HARWARD, JAY K 121 NE 16TH COURT FORT LAUDERDALE FL 33305		82 Street Addre 1 8 5	ess (P.O. Box Number is Not Acceptable 1 NW 99 TH AV	ENUE	
		84 City <b>ρ</b> ι	LANTATION	FL 85	Zip Code 333342
	The state of	t. Registered Agent sejnature raquied	A CONTRACT	DATE	<b>*</b>
<u> </u>	AND DIRECTORS	13.	ADDITIONS CHANGES TO OFF	Cha	
NAME HARWARD, JAY K	L'3 DECETE	1 1 THILE			ange [] Addition
ANA NE ANTILONIEST		1.2 NAME			
FORT LAUDEDRALE CO.	22205	1.3 STREET ADDRESS			
THE D	DELETE	1.4 CiTY - S! - ZiP 2.1 TITLE		☐ Chi	ange 🗍 Addit-on
HADWARD MADY I	L_j becare				ango
404 NE 40TH COURT		2.2 NAME 2.3 STREET ADDRESS			
CORT LAUDEDDALE EL	33305				
DITE FORT LAUDERDALE FL.	DELFTE	2.4 CHY+ST-ZIP 3.1 TITLE		☐ Cha	ange 🔯 Addition
NAME		3.2 NAME			
STREEL ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CiTY - ST - ZiP			
TITLE	ET DELETE	4 1 TiTLE		[ ] Cha	ange 🔲 Addition
NAME	<del></del>	4 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-2IP		4.4.CiTY-ST-ZIP			
TITLE	DELETE	5 1 TITLE		Cn	ange Addition
NAME	<u> </u>	5.2 NAME		<del>-</del>	
STREET ADDRESS		5.3 STREET ADDRESS			
CiTY-SI-ZIP		5.4 C-TY - ST - ZIP			
TITLE	☐ DELETE	6 1 TITLE		Cn.	ange 🔲 Addition
NAME	_	6.2 NAME		_	_
STREET ADDRESS		6.3 STREET ADDRESS			
CHY-SI-ZIP		64 CITY - S1 - ZIP			
14. I do hereby certify that the information suppli	ed with this filing is voluntarily furnit		or the exemption stated in Section 119	.07(3)(k), Florida (	Statutes, I further

report in the information indicated on this armus' 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 13 or Block

SIGNATURE!

Jay K Haveland Jay K Haveland

4-25-96 (954)761-1364