## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## **CORPORATION** ANNUAL REPORT 1998 **DOCUMENT #**

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000030140 (4)

J.K. HARWARD, INC. Principal Place of Business Mailing Address 1851 NW 99TH AVENUE 1851 NW 99TH AVENUE PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0574236 Not Applicable Suite, Apt. #, otc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Ζip Ζip Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes □ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HARWARD, JAY K 1851 NW 99TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33322** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE HARWARD, JAY K NAME 1.2 NAME 1851 N.W. 99 AVE. STREET ADDRESS 1.3 STREET ADORESS **PLANTATION FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE HARWARD, MARY J NAME 2.2 NAME 1851 N.W. 99 AVE. STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change ☐ Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 34. CITY-ST-ZIP ☐ Addition DELETE Change TiTLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 of 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 alta

61 TITLE 6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

DELETE

1.8.98

Change

Addition

**FILED** 

Feb 16 1998 8:00am

Secretary of State

CRZE034