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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035244 (9)

HARCO OF PALM BEACH, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			1120 (1101 B132 1181) MIBIL BIBI 1881
P.O. BOX 6199		P.O. BOX 6199			
LAKE WORTH FL 33466		LAKE WORTH FL 33466		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	17770 517702
•				05/05/1995	•
2. Principal P	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21 2/7	6 JOG ROAD	26		65-0661771	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	0		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 6RE	CNACKES FL	28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	he current year Intangible
24 334	15 25	29	30	Personal Property Tax due June 30	Yes No
	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regis	tered Agent
RAUCH, HARRY 5004 TIMBER VALUEY DR					
5904 TIMBER VALLLEY DR.				dress (P.O. Box Number is Not Acceptable)	
SUITE 1200			27	76 506 ROAD	
LAKE WORTH FL 33463					
	L WOMEN L SONO				1-1 - 0
			84 City 6-1	REENACRES	FL 85 Zip Code 33415
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Sta	tutes the shove-named co	rogration submits this statement for the pure	ose of changing its registered
office or re	egistered agent, or both, in the Sta	ite of Florida, Such change wa	is authorized by the corpor	ation's board of directors. I hereby accept It	ne appointment as registered
	m rammar who, and accupt the ob-	ligations or, Section 607.0505.	rionda Sialules.		
SIGNATURE	Signature, typod or printed name of regulared a	newet and life of annihilable //	NOTE Registered Agent signature req	uired when reinstaling)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change
NAME	RAUCH, HARRY		1.2 NAME	Donal HARRY	·
STREET ADDRESS	5904 TIMBER VALLEY DR.		1.3 STREET ADDRESS	2174 TOG LOAD	
CITY-ST-ZIP	LAKE WORTH FL 33466		1.4 CITY-ST-ZIP	CAUCH, HARRY 2176 JOG ROAD GREENACRES FL	33415
TITLE	DALE TROUBLE CONTROL	DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME		_	2.2 NAME		_ • _
STREET ADDRESS			2.3 STREET ADDRESS		
				•	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
			3.1 TITLE 3.2 NAME		
NAME DEDCET ADDRESS					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	····	T DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 TITLE		LI Change LI Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME]
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	•	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY-ST-ZIP			6.4 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 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 coenver 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.

SIGNATURE: