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

CORPORATION ANNUAL REPORT



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

1996

P95000041991 (7) **DOCUMENT #**

1. Corporation Name HARVEST TREASURE INC.

Principal Place of Business
2508 NORTH BAY DRIVE
APARTMENT 1 POMPANO BEACH FL 33062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zφ

Mailing Address

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

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2508 NORTH BAY DRIVE APARTMENT 1 POMPANO BEACH FL 33062

	 Date incorporated or Qualified 05/24/1995 	3a. Date of Last Report	
-	4 EELNumber		Applied For
	65.0607785	041812	Not Applicat
_	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
	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,

☐ Yes ☐ No

	20	
9.	Name and Addres	ss of Current Registered Agent
KING, ROE	JERT I	
0004 EAC1	OAKLAND PARI	K ROUI EVARD
		. 50052
SUITE 300		
FT. LAUDE	RDALE FL 33306	j

25

Country

	10. Name and Address of New Registered Agent		
81	Name		
62	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City F1 85 Zip Code		

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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	putrue ligant or product name of registers Lagary as The It and ladie 29 OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D DELETE	1 1 TICLE	
	FOERST, GEORGE J JR.	1 2 NAME	
NAME	2508 NORTH BAY DRIVE, APT. 1	1.3 STREET ADDRESS	
STREET ADDRESS	POMPANO BEACH FL 33062	1.4 CITY - ST - ZIP	Change Addition
CiTY - ST - ZIP	D [] DELETE	2 1 THEF	
TITLE	YAKOS, MARVIN M	2.2 NAME	
NAME	2508 NORTH BAY DRIVE, APT. 1	2.3 STREET ADDRESS	
STREET ADDRESS	POMPANO BEACH FL 33062	2.4 C(1.Y + S* - Z)P	Change Addition
CITY -ST-ZIP	DELETE	3 1 TIFLE	C Ollarige C Months
TilcE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 C/TY-ST-ZIP	☐ Change ☐ Addition
CITY - ST - ZIP	DELETE	4 1 TiTLE	Change
TITLÉ		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 City - ST - 7IP	Change Addition
CITY-ST-ZIF	DELETE	S 1 Julius	Change T Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	Change Addition
CITY - ST - ZIP	DELETE	6 1 TITLE	Change Addition
TITLE		6.2 NAME	_
NAME		6.3 STREET ADDRESS	0.111200
STREET ADDRESS	EET ADDRESS		Right 200
CITY-ST-ZIP		Control and door not qualify	tor the exemption stated in Section 119.07(3)(k). Florida Statutes. I further

ntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further right annual report is true and accurate and that my signature shall have the same legal effect as if made under to trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name d with this filing 14. I do hereby certify that the information supplied certify that the information indicated on this are oath; that I am an officer or director of the complete in Block 12 or Block 12 thin ngeglid of upplen hual report or address.

SIGNATURE:

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-942-7111 SG 41-23-96

CR2E034 (12/95)

Applicable