

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 # P95000043053 (4)

1. Corporation Name

HARROW HOLDINGS, INC.



Principal Place of Business

Mailing Address

~~2000 N. MILITARY TRAIL~~  
~~SUITE 201~~  
~~BOCA RATON FL 33433~~

~~2000 N. MILITARY TRAIL~~  
~~SUITE 201~~  
~~BOCA RATON FL 33433~~

2. Principal Place of Business

21 3100 North Ocean Blvd

2a. Mailing Address

26 3100 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33308

25 USA

29 33308

30 USA

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M  
1820 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

4. FEI Number

65-0600941

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

10. Name and Address of New Registered Agent

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

-Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when tested change)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE  
NAME RICHTER, SAM  
STREET ADDRESS 2000 N. MILITARY TRAIL SUITE 201  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PSTD ☐ Change ☐ Addition  
Richter, Sam  
3100 North Ocean Blvd.  
Ft. Lauderdale, FL 33308

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(k), 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. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/6/96

(954) 568-4118

CR2E034 (12/95)