

2-18-97 B-2083 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000070935 (8)

1. Corporation Name
LINH HARSHMAN, INC.

Principal Place of Business
LINH HARSHMAN INC.
ST. PETERSBURG FL 33709
US

Mailing Address
3002-8TH AVENUE WEST
PALMETTO FL 34221-6240
US



2. Principal Place of Business

2a. Mailing Address

21 6774 46th Avenue N.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 St. Petersburg FL 33709
City & State

27 City & State

23 Zip Country
24 33709 25 St. Pete

28 Zip Country
29 30

3. Date Incorporated or Qualified
09/12/1995

3a. Date of Last Report
04/23/1996

4. FEI Number
65-0628422

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

This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

JUAN A BAEZ
2901 N. LINCOLN
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Joseph Boylan Boylan&Boylan Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
600 By Pass Drive Suite 104
83 Clearwater FL 34624
84 City Clearwater FL 85 Zip Code 34624

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

Joseph F. Boylan

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-97

12. OFFICERS AND DIRECTORS

TITLE P
NAME HARSHMAN, LINH
STREET ADDRESS 6774 46 AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby 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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-28-97 813-547-8195

CR2E034 (9/96)