



PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90212 014 ****39.50

04-20-1999 90324 028 ***110.50

DOCUMENT # **P95000088899**

1. Corporation Name

HARRIS CAPITAL MANAGEMENT, INC.

Principal Place of Business

463 ASHWOOD PLACE
BOCA RATON FL 33431
US

Mailing Address

463 ASHWOOD PLACE
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

65-0625000

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28**29****30**

9. Name and Address of Current Registered Agent

HARRIS, BENFORD C.
463 ASHWOOD PLACE
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

DPT
HARRIS, BENFORD C
463 ASHWOOD PLACE
BOCA RATON FL

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ DELETE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)