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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089515

1. Corporation Name

MARK C. HARRIS, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90048 009 ***150.00



Solution Status Desired Status Des	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
ISLAMORADA FL 33036 ISLAMORADA FL 33036 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/20/1995 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. 5. Certificate of Status Desired State City & State City & State City & State City & State Country Description Trust Fund Contribution A Trust Fund Contribution A Suite, Apt. #, etc. Suite	Applied For Not Applicable .75 Additional ee Required .5.00 May Be dded to Fees
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/20/1995 2. Principal Place of Business 2a. Mailing Address 25 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired 55. Certifcate of Status Desired 56. Election Campaign Financing 57. Trust Fund Contribution 58. Trust Fund Contribution 59. Name and Address of Current Registered Agent 60. Name and Address of New Registered Agent 61. Name 62. Street Address (P.O. Box Number is Not Acceptable) 63. Name 64. City & State 65. Certifcate of Status Desired 65. Cert	Applied For Not Applicable .75 Additional ee Required .5.00 May Be dded to Fees
3. Date Incorporated or Qualifed 11/20/1995 2. Principal Place of Business 26 26 3. Walling Address 4. FEI Number 65-0626641 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. City & State City & State 28 Zip Country Zip Country Zip Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036	Applied For Not Applicable .75 Additional ee Required .5.00 May Be dded to Fees
2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Suite, Apt. #, etc. 2. Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certifcate of Status Desired 3. Trust Fund Contribution 4. This corporation owes the current year Intangibly Personal Property Tax. 9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees es \[\sum No
2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Suite, Apt. #, etc. Suite Apt. #, etc. Suite, Apt. #, e	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees es \[\sum No
21 Suite, Apt. #, etc. Suite, Apt. #, etc. Sincertificate of Status Desired Sta	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees es \[\sum No
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8 Zip Country Zip Country Zip Country State Sta	.75 Additional ee Required 5.00 May Be dded to Fees s
Solution Status Desired Status Des	5.00 May Be dded to Fees
City & State City & State 28 Zip Country Zip Country Zip Country Sign S	5.00 May Be dded to Fees
28 Trust Fund Contribution A Zip Country Zip Country 8, This corporation owes the current year Intangibly Personal Property Tax. 9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 Trust Fund Contribution A R. This corporation owes the current year Intangibly Personal Property Tax. Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	dded to Fees
28 Trust Fund Contribution A Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 7 Intust Fund Contribution A 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation of the personal Property Tax. 8. This	es 🗆 No
Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 83 R4 City	es 🗆 No
9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent	
9. Name and Address of Current Registered Agent HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 83	
HARRIS, MARK C 81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 82 Street Address (P.O. Box Number is Not Acceptable) 83	
81990 #6 OVERSEAS HWY. ISLAMORADA FL 33036 83 84 City	
81990 #6 OVERSEAS HWT. ISLAMORADA FL 33036 83	
ISLAMORADA FL 33036	
04 Ch. 95	
84 City 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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ing its registered as registered
SIGNATURE	
Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	hange
NAME HARRIS, MARK C 12 NAME HARRIS, MARK C	
STREET ADDRESS 106 PUEBLO ST. 13 STREET ADDRESS 107 PIPPIN DELVE 3	
CITY-ST-ZIP TAVERNIER FL 33070 14 CITY-ST-ZIP 15 CAMORADA, CL 33086	
TITLE S DELETE 2.1 TITLE S	hange
NAME HARRIS, ANNE 22 NAME HARRIS, ANNE	
STREET ADDRESS 106 PUEBLO ST. 2.3 STREET ADDRESS 109 PIPPIN DC	
CITY-ST-ZIP TAVERNIER-FL-33070- 24 CITY-ST-ZIP TSCAMORA ON TO 3036	
NAME 32 NAME	hange

6.4 CITY-ST-ZIP 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition