

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012267 (6)

1. Corporation Name

HARVARD INDUSTRIES, INC.

Principal Place of Business

2502 NORTH ROCKY POINT DRIVE
TAMPA FL 33607

Mailing Address

2502 NORTH ROCKY POINT DRIVE
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3 Warner Way		26 3 Warner Way		02/08/1996	
22 Suite 210		27 Suite 210		4. FEI Number	
23 Lebanon, NJ		28 Lebanon, NJ		21-0715310	
24 08833		29 08833		5. Certificate of Status Desired	
25 USA		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM				81 Name			
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				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 title if applicable

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

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAWSON, RICHARD T			1.2 NAME	ROGER G. POLLAZZI		
STREET ADDRESS	2502 NORTH ROCKY POINT DRIVE, #980			1.3 STREET ADDRESS	3 WERNER WAY, SUITE 210		
CITY-ST-ZIP	TAMPA FL 33607			1.4 CITY-ST-ZIP	LEBANON, NJ 08833		
TITLE	CEO	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, JOHN W			2.2 NAME			
STREET ADDRESS	2502 NORTH ROCKY POINT DRIVE, #980			2.3 STREET ADDRESS	3 Warner Way, Suite 210		
CITY-ST-ZIP	TAMPA FL 33607			2.4 CITY-ST-ZIP	Lebanon, NJ 08833		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTRAW, ROGER L			3.2 NAME			
STREET ADDRESS	30665 NORTHWESTERN HIGHWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	FARMINGTON HILLS MI 48334			3.4 CITY-ST-ZIP			
TITLE	VFCF	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAGLIARDI, JOSEPH J			4.2 NAME			
STREET ADDRESS	2502 NORTH ROCKY POINT DRIVE, #980			4.3 STREET ADDRESS	3 Warner Way, Suite 210		
CITY-ST-ZIP	TAMPA FL 33607			4.4 CITY-ST-ZIP	Lebanon, NJ 08833		
TITLE	VFCF	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARREN, WILLIAM J			5.2 NAME			
STREET ADDRESS	2502 NORTH ROCKY POINT DRIVE, #980			5.3 STREET ADDRESS	3 Warner Way, Suite 210		
CITY-ST-ZIP	TAMPA FL 33607			5.4 CITY-ST-ZIP	Lebanon, NJ 08833		
TITLE	VCAS	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEIDLOWER, ARNOLD M			6.2 NAME			
STREET ADDRESS	111 GREAT NECK ROAD, SUITE 602			6.3 STREET ADDRESS			
CITY-ST-ZIP	GREAT NECK NY 11021			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.

SIGNATURE: *William J. Warren* DATE: 4/29/98 (and) 4/27/11/98

CR2E034 (10/97)