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May 21 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 # P96000040517 (0)

1. Corporation Name
HARI ENTERPRISES, INC.



Principal Place of Business
C/O A. CHAHAL
2035 S. KIRKMAN RD., #101
ORLANDO FL 32811

Mailing Address
C/O A. CHAHAL
2035 S. KIRKMAN RD., #101
ORLANDO FL 32811-2260

3. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 C/O A. CHAHAL

26 C/O A. CHAHAL

4. FEI Number

Applied For

59-337 6254

Not Applicable

22 561 FOX HUNT CIRCLE

27 561 FOX HUNT CIRCLE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 LONGWOOD, FL

28 LONGWOOD, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32811

Country
USA

29 32811

Country
USA

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAHAL, A.
2035 S. KIRKMAN RD.
APT. #101
ORLANDO FL 32811

81 Name CHAHAL, A.

82 Street Address (P.O. Box Number is Not Acceptable)
561 FOX HUNT CIRCLE

83

84 City LONGWOOD,

FL

85 Zip Code
32811

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

A. Chahal

A. Chahal

4-1-97

Signature, 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 IN 12

TITLE D
NAME CHAHAL, A.
STREET ADDRESS 2035 S. KIRKMAN RD., APT. #101
CITY-ST-ZIP ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME CHAHAL, A.
1.3 STREET ADDRESS 561 FOX HUNT CIRCLE
1.4 CITY-ST-ZIP LONGWOOD, FL. 32811

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:

A. Chahal

407-324-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)