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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000072108 1. Corporation Name

HARM OF PALM BEACH, INC.

Principal Place of Business 224 NODTH 2DD STREET

Mailing Address

324 MODELL SOD STOCK

FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90047 046 ***150.00



LANTANA FL 33462			LANTANA FL 33462			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	
						08/29/1996		ì
2. Principal Pla	ace of Business	2a. M	2a. Mailing Address			4. FEI Number	A	plied For
21		26	26			65-0691043		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	\$8.75	
22		27	7			5. Certificate of Status Desired	Fee Re	
City & State)	~	ity & State			6. Election Campaign Financing	\$5.00	Mou Bo
23		28]			Trust Fund Contribution	Added	
Zip Country			Zip Country			8. This corporation owes the current year Intangible		
24	25 29			30		Personal Property Tax.		
• 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
				81	Name			
ARIANNEJAD, HOSSEIN				L_	1		·	
224 NORTH 3RD STREET			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
	ANA FL 33462			83	 		**************************************	file Gerage
. 120111	ANA I E SOTOE			63	'[1		
				84	City		FL 85 Zip	Code (70)
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.	1508, Florida Statutes	, the abov	re-named co	orporation submits this statement for the pur	pose of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida.	Such change was aut	horized by la Statute	the corpora	orporation submits this statement for the puration's board of directors. I hereby accept the	e appointment as re	gistered
	Hari Ai				•	119196	•	
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if ap	plicable, (NOTE: R	egistered Age	nt signature requ	uired when reinstating)	DATE	
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12.	· 4, OFFICERS AN	ID DIRECT	ONS	13.	•	ADDITIONS/CHANGES TO OFFICE	CUS VIAD DIVECTO	A COLOR IL
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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.