SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P9700006649 (2) 1. Corporation Name

HARRIS PROPERTY AND EQUITY, INC.

Country

9. Name and Address of Current Registered Agent

25

4548 NORTH FEDERAL HIGHWAY

FORT LAUDERDALE FL 33308

BISHINS, LARRY V

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip

4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308

FILED Jul 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1997 FEI Number Applied For ーሪフ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

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

			84	City		F		Zip Code
0	ursuant to the provisions of sections 607.050; flice or registered agent, or both, in the State gent. I am familiar with, and accept the oblig.	of Florida. Such change t	was authorized by	the corporation's				
SIGNA	TURE Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE: Registered A	Agent signatura required s	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		CTORS IN	
TITLE	D	DELET	F 1.1 TITLE			•	Cha	ba Ad

Country

81 Name

82

В3

30

SI 12 12 TITI Harris, Joan HARRIS, JOE CAPOR NAME 12 NAME **303 PENDLETON LANE** STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1.4 CITY-ST-ZIP TIT) F 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE ___ DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 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:

CR2E034 (5/98)