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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham 🛹

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700029825 (1)

HARMON'S OUT ON A LIMB, INC.

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

6901 SW BTH CT N LAUDERDALE FL 33068 Mailing Address

6801 SW 8TH CT N LAUDERDALE FL 33068

FILED Mar 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

198

					03/31/1997				
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21 /	Lauderdale	26			65-0739212		N	ot Applicable	
Suite, Apt 22 6 6	51.5W 8thet	27 68015U	<u>). 8</u>	41ct	5. Certificate of Status Desired		+ -	Additional equired	
City & State 28 33068 28 W. Caude			udale 71		6, Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	ZIP AV V	Country		B. This corporation owes or has paid			tangible	
24 350	Q8 25	29 33000 30		rowar	Personal Property Tax due June 30			_] No	
	9. Name and Address of Current	81	10. Name and Address of New Registered Agent						
HARMON, FRANCES S 6801 SW 8TH CT N LAUDERDALE FL 33068				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City		99	65 Zip	Code	
dd Director of	to the greateines of Destress COZ COC	and 607 4600 Finally Dec 1	450			FL			
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. 1 a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	S.	,	.,.	-		
SIGNATURE	Signature, typod or printed name of registered agort	and little if Boyd cable (ACCV)	ngintage d 4	ent signature require	dutas saintalisat	DATE			
12,	OFFICERS AND		13.	au eduaros cedose	ADDITIONS/CHANGES TO OFFICER		IBECTO	RS IN 12	
TITLE	President	DELETE	1.1 TITLE	·	ADDITIONS/CHANGES TO OTTICE		Change	Addition	
NAME			1.2 NAME	1					
STREET ADDRESS	Jake Harmon		1.3 STREET	ADORESS	•				
CITY-ST-ZIP	N. Laudesdales	FI-33068	1.4 CITY - S						
TITLE	Sec Treas	DELETE	2.1 TITLE	, <u>, , , , , , , , , , , , , , , , , , </u>	- 17-10 - 17-1		Change	Addition	
NAME	Frances Harmon		2.2 NAME						
STREET ADDRESS	6801 SW 8th Ct	1 220/.8	2.3 STREET	ADDRESS					
CITY-ST-ZIP	N. Lauderdale Fl	1. 33000	2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME	1		3.2 NAME					i	
STREET ADDRESS		į	3.3 STAEET	ADDRESS					
CITY-ST-ZIP	l		3.4. CITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE1	ADDRES\$					
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS		į	5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	iT-ZiP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME		j	6.2 NAME	-					

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changog, or on an attachment with an address.