

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90200 036 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000032849**

1. Corporation Name  
**HARNORD OF VALRICO, INCORPORATED**



Principal Place of Business  
 915 OAKFIELD DRIVE  
 SUITE F  
 BRANDION FL 33511

Mailing Address  
 915 OAKFIELD DRIVE  
 SUITE F  
 BRANDION FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/11/1997**

4. FEI Number **59-3503010** Applied For  
~~APPLIED FOR~~ Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **3902 Saddle Ridge St**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **SAME**  
 Suite, Apt. #, etc.

23 **VALRICO, FLORIDA**  
 City & State

28 **SAME**  
 City & State

24 **33594** 25 **USA** 29 **33594** 30 **USA**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANSKY, GLEN R**  
 915 OAKFIELD DRIVE  
 SUITE F  
 BRANDION FL 33511

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORD, SHERRY</b>	1.2 NAME	
STREET ADDRESS	<b>3902 SADDLE RIDGE ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, TODD</b>	2.2 NAME	
STREET ADDRESS	<b>3902 SADDLE RIDGE ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, JAMES R</b>	3.2 NAME	
STREET ADDRESS	<b>540 PALMETTO ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL 34616</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Sherry L. Nord Date: 4/26/99 Daytime Phone #: 813-662-2274

CR2E034 (11/98)