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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043234 (8)

HARRIS DEVELOPMENT GROUP, INC.

Principal Plac	a of Rusines		Mailing A	Address				<u> </u>	
Principal Place of Business Mailing Address  SCAA SANTIACO CIDOLE									
5644 SANTIAGO CIRCLE BOCA RATON FL 33433				5644 SANTIAGO CIRCLE BOCA RATON FL 33433					
								DO NOT WRITE IN THIS SPACE	_
								3. Date Incorporated or Qualified	
2. Principal P	loge of Punis	2005	Do Moilio	- Addross			····	05/14/1997 4. FEI Number Applied For	
21 21	IACO OI BUSII	1622	<del> </del>	2a. Mailing Address				4. FEI Number   Applied For   Not Applicable   Not Applicable   Applied For   Not Applied F	$\exists$
Suite, Apt.	#. etc.			Suite, Apt. #, etc.				\$0.7E	믝
22	.,		27	<del> </del>				5. Certificate of Status Desired Fee Required	- }
City & State	e		City 8	City & State				6. Election Campaign Financing \$5.00 May Be	$\exists$
23			28					Trust Fund Contribution Added to Fees	
Zip	Zip Country			Zıp Coun				8. This corporation owes or has paid the current year Intangible	
24]	25 29			30	30		Personal Property Tax due June 30. Yes No	_	
g, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	┥
	rris, josi					<b>81</b> Na	D F IO		
5644 SANTIAGO CIRCLE BOCA RATON FL 33433						<b>82</b> Sti	reet Addre	ess (P.O. Box Number is Not Acceptable)	٦
RO	CA HATUN	FL 33433			ŀ	83	· · · · · · · · · · · · · · · · · · ·		$\dashv$
					L				
						84 Cil	ty	FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 607.05	502 and 607.150	8. Florida Statut	es, the ab	ove-nar	med corpo	oration submits this statement for the purpose of changing its registered	1
l office or r	egistered ag	ent, or both, in the Sta th, and accept the obli	te of Florida. Suc	:h change was a	authorized	by the	corporation	on's board of directors. I hereby accept the appointment as registered	
•		in, and doops inc obi	gallons of, ocoli	on con.coc, r k	orida Otali	ACO.			
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applica	ble (NOT	E: Registered	Agent sig	nature required	ed when reinstating) DATE	
12.		OFFICERS A	ND DIRECTORS		13.		<u>,</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\Box$
TETLE	D			☐ DELETE	1.1 110			Change Addition	1
NAME		JOSEPH L			1.2 NA	ME			
STREET ADDRESS 5644 SANTIAGO CIRCLE				1.3 STREET ADDRESS			ESS		
CITY-ST-ZIP		ATON FL 33433		TT covers		Y-ST-ZIP			4
TITLE	0			DELETE	2.3 TiT			Change Addition	וי
NAME		LINDA K INTIAGO CIRCLE			2.2 NA				ļ
STREET ADORESS			2.3 STREET ADDRESS					1	
CITY-ST-ZIP	BOUA H	ATON FL 33433		DELETE		Y-ST-ZIP	<u>'                                    </u>	Change Addition	_
TITLE				□ Decent	3.1 TIT			Change Addition	'
NAME OTDEET ADDOESS					3.2 NA		cee		
STREET ADDRESS						EET ADDR	1		
CITY-ST-ZIP				DELETE	4.1 TIT	Y-ST-ZIP		Change Addition	$\dashv$
NAME	1				4. 2 NA				1
STREET ADDRESS						EET ADDR	FÇÇ		ļ
CITY-ST-ZIP						Y-ST-ZIP			ĺ
TITLE		· · · · · · · · · · · · · · · · · · ·	- <u> </u>	DELETE	5.1 TITI			☐ Change ☐ Addition	$\exists$
NAME					5.2 NAI				
STREET ADDRESS						EET ADDR	ESS		- [
CITY-ST-ZIP						Y-ST-ZIP	ŀ		-
TITLE				DELETE	6.1 TITE			☐ Change ☐ Addition	
NAME					6.2 NA	AF			

6.3 STREET ADDRESS

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.