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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000060354
1. Corporation Name
HAROUCH ENTERPRISES INC

Principal Place of Business
208 FOXTAIL DR
APT G-3
WEST PALM BEACH FL 33415
Mailing Address
208 FOXTAIL DR
APT G-3
WEST PALM BEACH FL 33415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24
25
29
30

3. Date Incorporated or Qualified
07/10/1997
4. FEI Number
65-0794401
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

9. Name and Address of Current Registered Agent
HAROUCH, JOSEPH
208 FOXTAIL DR
APT G-3
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent
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

Table with 12 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox for each entry.

Table with 12 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes for each entry.

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/16/99 (561)686 4975
Date Daytime Phone #

CR2E034 (11/98)