

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 007 ***150.00

DOCUMENT #

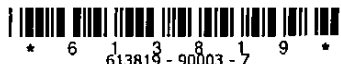
Corporation Name

PA70000104668

HARVEY TURNER INC

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12884 CALIAS Circle

Suite, Apt. #, etc.

2a. Mailing Address

2800 E. Commercial Blvd

Suite, Apt. #, etc.

208

City & State

Palm Beach, FL

Zip Country

33408

City & State

Ft. Lauderdale, FL

Zip Country

33308

3. Date Incorporated or Qualified

Dec 11, 1997

4. FEI Number

65-0801764

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

10. Name and Address of New Registered Agent

Allen H. KATZ PA
2800 E. Commercial Blvd Ste 208
Ft. Lauderdale, FL 33308

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	WILLIAM TURNER	<input type="checkbox"/> DELETE
IE	12884 CALIAS Circle	P/S
EET ADDRESS	PALM BEACH, FL	33408
ST-ZIP		
E	GARON TURNER	<input type="checkbox"/> DELETE
IE	12884 CALIAS Circle	
EET ADDRESS	PALM BEACH GARDENS, FL	
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
IE		
EET ADDRESS		
ST-ZIP		

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I did not receive
my Corp. Annual
Report, so I needed
to request this form
Please accept my
check for \$150.00

Thank You

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)