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**

DOCUMENT # P97000108106

	E.L. HARLEY, INC.			
	Principal Place of Business	Mailing Address		
	3715 FISCAL CT RIVIERA BEACH FL 33404 US	3715 FISCAL CT RIVIERA BEACH FL 33404 US		
	Principal Place of Business 21	2a. Mailing Address		
_	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
	City & State	City & State		

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90033 038 ***150.00

 Corporation 	Name					
E.L. HARLEY, INC.						
					1 (CA)(CO) (CO) (CO)(CO)(CO)(CO)(CO)(CO)(CO)(CO)(CO)(CO)	. 8 8 9 9 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Daine de al Diane	of Business	Mailing Address				#4101 (BIB) HONE BORED BIN IBBI
Principal Place	•	*				
3715 FISCAL C		3715 FISCAL CT RIVIERA BEACH FL 33404	ı			
RIVIERA BEACH	I FL 33404	US			DO NOT WRITE IN THIS	S SPACE
US		00			3. Date Incorporated or Qualifed	
ļ					12/26/1997	
	4 Di	2a. Mailing Address			4. FEI Number	Applied For
	lace of Business	-			65-0805469	Not Applicable
21		26			05 0605403	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
22		_ 27				
City & Stat	e .	City & State			6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Ir	ntangible
24	25	29	30		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	I Agent
			18	Name		
	LEY, RICHARD		ļ.	Street Add	ress (P.O. Box Number is Not Acceptable)	
	VINTAGE ISLE LANE			Z Street Addi	logs (F.O. Box Marines in Motor Parent)	
PALI	M BEACH GARDENS FL 33418		8	13		
	•					
ļ			. 8	14 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statt of Florida. Such change was	authorized l	ove-named corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as registered
agent. I a	m familiar with, and accept the obligati	ions of Section 607.0505, Fi	lorida Statut	es.	on's board of directors. I hereby accept the appo	doc
		K	CMW	10. H	MKU <u>3129</u>	199
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE						
12.	OFFICERS AND	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D ·	DELETE	1.1 TITL	ַנון ד	rector i Productions	Change ☐ Addition
NAME	NAME HARLEY, RICHARD		1.2 NAM	€ (ichard Herried	ane
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NAME			4. 2 NA	ME .		`
STREET ADDRESS			4.3 STR	EET ADDRESS		
l				-ST-ZIP		1
C/TY-ST-ZIP		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
TITLE			5.2 NAM			
NAME			1			
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP				-ST-ZIP		Change DAddison
TITLE	f	☐ DELETE	6.1 TITL			Change Addition
NAME	<u> </u>		6.2 NAM	lĒ		ĺ
STREET ADDRESS			6.3 STR	EET ADDRESS		j
CITY-ST-ZIP			6.4 CIT	(-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 impowered 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: