

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90056 005 ***150.00

DOCUMENT # P98000000642

1. Corporation Name

HARBRIAN OPERATING, INC.

Principal Place of Business

C/O KELLOGG PROPERTIES, INC.
124 LIVE OAK BLVD
CASSELBERRY FL 32707

Mailing Address

C/O KELLOGG PROPERTIES, INC.
124 LIVE OAK BLVD
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

X FEL Number

59-3498565

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

2a. Mailing Address

21 C/o Kellogg Properties, Inc.
Suite, Apt. #, etc.

26 C/o Kellogg Properties, Inc.
Suite, Apt. #, etc.

22 2515 Shader Rd Unit 5
City & State

27 2515 Shader Rd Unit 5
City & State

23 Orlando FL
Zip Country

28 Orlando FL
Zip Country

24 32804 25

29 32804 30

9. Name and Address of Current Registered Agent

KELLOGG PROPERTIES, INC.
124 LIVE OAK BLVD
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name Kellogg Properties, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
2515 Shader Rd Unit 5
83
84 City Orlando FL 85 Zip Code 32804

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	Barry T. Hechtman, P.A.	8100 S.W. 81 Drive #210	Miami FL 33143-6603	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)