

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 05, 1999 8:00 am
Secretary of State

03-05-1999 90081 040 ***150.00

DOCUMENT # P98000001974

1. Corporation Name

HARRISON FAMILY MANAGEMENT CORPORATION

Principal Place of Business

14600 SW 83 PLACE
MIAMI FL 33158

Mailing Address

14600 SW 83 PLACE
MIAMI FL 33158
1600 S.W. 57 Ave.
MIAMI FL.

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1600 S.W. 57 Ave.

27 Suite, Apt. #, etc.

28 MIAMI FL.

29 Zip

30 Country

DADE.

9. Name and Address of Current Registered Agent

DAMIAN, VINCENT E JR
80 SW 8TH STREET
SUITE 2550
MIAMI FL 33130

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

65-0806968

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

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

12.

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME HARRISON, WALTER B JR (deceased)
STREET ADDRESS 14600 SW 83 PLACE
CITY-ST-ZIP MIAMI FL 33158

TITLE D ☒ DELETE
NAME HARRISON, LYNN E (deceased)
STREET ADDRESS 14600 SW 83 PLACE
CITY-ST-ZIP MIAMI FL 33158

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Wendy L. HARRISON
1.3 STREET ADDRESS 1600 S.W. 57 Ave.
1.4 CITY-ST-ZIP MIAMI, FL. 33155

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Walter B. HARRISON III
2.3 STREET ADDRESS 14600 S.W. 83 PLACE
2.4 CITY-ST-ZIP MIAMI, FL. 33158

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Jeffrey A. HARRISON
3.3 STREET ADDRESS 1600 S.W. 57 Ave.
3.4 CITY-ST-ZIP MIAMI, FL. 33155

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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:

Wendy L. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99
Date

305-266-4666
Daytime Phone #

CR2E034 (11/98)