


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90081 017 ***150.00

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

DOCUMENT # P98000002360

1. Corporation Name

HARVARD ONE, INC.

Principal Place of Business

**39132 COUNTY ROAD 54 EAST
 APARTMENT 27-E
 ZEPHYRHILLS FL 33540**

Mailing Address

**39132 COUNTY ROAD 54 EAST
 APARTMENT 27-E
 ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3491888

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

21 233 N. HOAGLAND BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 233 N. HOAGLAND BLVD

Suite, Apt. #, etc.

City & State

23 KISSIMMEE FL

Zip Country

24 34741 25 OSCEOLA

City & State

28 KISSIMMEE FL

Zip Country

29 34741 30 OSCEOLA

9. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H
 37837 MERIDIAN AVENUE
 SUITE 314
 DADE CITY FL 33525**

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	<input type="checkbox"/> DELETE
NAME	MEISE, GRAHAM	
STREET ADDRESS	39132 COUNTY ROAD 54 EAST APT. 27-E	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	URAGALLO, TONY	
STREET ADDRESS	5334 FRONTIER DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED**3/31/99**

Date

407 870 7366

Daytime Phone #

CR2E034 (11/98)