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

SIGNATURE:

PROFIT CORPORATION' ANNUAL REPORT 1999 FLORIDA DEPARTM Katherine Secretary & DIVISION OF COR	Harris State 7		
DOCUMENT # 29800018833		90 Jint 23 - 61, 6: 22	
1. Corporation Name Har Logix of South Floride Itac		TABLEMES A STECKEDA	
Principal Place of Business Mailing Address Mailing Address Save			
		3. Date Incorporated or Qualifed Schway 26 1998	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. Mailing Address 23. Mailing Address 24. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.	2 Wex	4. FEI Number Applied Not Applied Not Applied S-08/5350 \$8.75 Addition	olicable
27		5. Certificate of Status Desired Fee Require	
City & State 28 20 20 C	2	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee	
Zip Country Zip	Country	This corporation owes the current year Intangible Personal Property Tax.	0
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	×
Declar Matisuse		deeps (D.O. David Lorento in Not Associated)	
16 Contact Way 82 83 83 84		dress (P.O. Box Number is Not Acceptable)	
Davie, II 33324	83 84 City	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, t	the above-named cor		
office or registered egent, or both in the State of Florida, Such change was author	rized by the corporat	rporation submits this statement for the purpose of changing its regis	tered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Frorida. Such change was autho agent. I am familiar with, and accept the obligations of, Section 607.055, Florida 	rized by the corporat Statutes.	rporation submits this statement for the purpose of changing its regis tion's board of directors. I hereby accept the appointment as register	tered ed
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Regis	istered Ap ot signature requi	red when reinstating) DAYE DAYE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered AND DIRECTORS) 12. OFFICERS AND DIRECTORS	istered A) at signature required 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
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