PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90178 032 \*\*\*150.00

DOCL	JMENT	#	P9800	005376	34

1. Corporation Name

HARP (TAVISTOCK) CORPORATION

Principal Plac	ce of Business	Mailing Address				
4400 SUN VILI Kissimmee Fl	LAGE BOULEVARD L 34746	4403 SUN VILLAGE BOLHEV Hissimhee Fl. 34746	/ARD			
ļ	•	61.10 11	or to Au	DO NOT WRIT	E IN THIS SFACE	
}		5448 14	OHTMEK I M	3. Date incorporated or Qualified 06/16/1998		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Api	olied For
21		28 S484 Hoff	HER AUE	1 59-3521967	No	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			□ \$8.75 A	
22		TT SCUTE	} <del>0</del>	== -5,-Gerbicate Or Gretos Desired	PerRe	quired
City & Sta	ite	City & State  28 ORCAPDS	FLORIDA	Election Campaign Financing     Trust Fund Contribution	5.00 Added to	- 1
Zip	Country	Zip CD - t	Country	B. This corporation owes the curre		
24	25	- 41 <i>011</i> ~	30	Personal Property Tax.		□No
<del></del>	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
			81 Name			
	KROEDER, MICHAEL A ESQ.		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
	SCHROEDER AND LARCHE, F		821 Street A	ociess (P.O. box number is not Accepta	Jie,	
·	5 GLADES ROAD - SUITE 319-A	TRIUM	83			
) BOC	CA RATON FL 33431-7383		<u>                                     </u>		-	
1			84 City		FL 65 Zip C	.oce
office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au atlons of, Section 607.0505, Flori	thorized by the corpor da Statutes.	orporation submits this statement for the ation's board of directors. I hereby accept	t the appointment as reg	istered
SIGNATURE		and and this if applicable (MC): E: 6				
	Signature, typed or printed name of registered ap		Registered Agent signature req	ulred when reinstating)	DATE	:
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ap	ent and title if applicable. (NO) E: NO DIRECTORS			DATE	:
12.	Signature, typed or printed name of registered ap OFFICERS A	NO DIRECTORS	Registered Agent algorature req	ulred when reinstating)	DATE	RS IN 12
12. TITLE NAME	Signature, typed or printed name of registand ap OFFICERS A D SMEE, ROGER G MR.	ND DIRECTORS	Registered Agent algorithm rec	ulred when reinstating)	DATE	RS IN 12
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14. I hereby certify that the information supplied with this filling 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 path; 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 Etlock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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