## 1 ILL 17077: 1 ILM40 | LL 171 | LL 170 | M. 17

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90078 036 \*\*\*150.00

Applied For

\$8.75 Additional

Not Applicable

DOCUMENT # P98000070253

PAUL D. HARELICK, INC.

Principal Place of Business 3251 N. ANDREWS AVE. FORT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailino Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3251 N. ANDREWS AVE. FORT LAUDEROALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/12/1998

0861088

Certificate of Status Desired

Fee Required 27 22 \$5.00 May Be City & State -City & State 6.-Election Compaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. ☐ Yes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Harehk LANE, KATHIE **B2** Address (P.O. Box Number is Not Acceptable) 6499 N.W. 9TH AVENUE #301 FORT LAUDERDALE FL 33309 83 85 Zip Code 33309 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 tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE 12 NAME HARELICK, PAUL D NAME 1.3 STREET ADDRESS STREET ADORES 3251 N. ANDREWS AVE. FORT LAUDERDALE FL 33309 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition CONFIETE 2.1 TITLE MILE 22 NAME NAME 23 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP Change Addition DELETE TOLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TIDE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP: 27 1 172. 19 19 19

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 ress, with all other like empowered.