

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State

07-07-1999 90005 003 ***150.00

DOCUMENT # P98000078531

1. Corporation Name

THE HARMS GROUP LIMITED, INC.

Principal Place of Business

Mailing Address

3100 NORTHEAST 29 STREET
UNIT 201
FORT LAUDERDALE FL 33308

3100 NORTHEAST 29 STREET
UNIT 201
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

65-0862456

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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

AMERILAWYER, 343 ALMERIA AVE CORAL GABLES FLA 7/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME HARMS, MARKS
STREET ADDRESS 3100 NORTHEAST 29 STREET, UNIT 201
CITY-ST-ZIP FORT LAUDERDALE FL 33308

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

(NONE)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Mark Harms

7/1/99

(954)
566 3740

CR2E034 (5/99)

P98000078531
582232-90005-3

7/1/99

From: MARK HARMS

THE HARMS GROUP LTD INC

TO : DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

AS DISCUSSED WITH YOUR
CUSTOMER SERVICE REPRESENTATIVE,
I AM ENLOSING THE SECOND
NOTICE AND CHECK FOR \$150.

I PREVIOUSLY HAD MAILED
THE FULLY COMPLETED FIRST
NOTICE WHEN I WAS SUPPOSED TO,
YET IT APPARENTLY WAS
MISPLACED IN THE MAIL.

THANK YOU

MARK HARMS

PRESIDENT, THE HARMS GROUP LTD
INC