THORND 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).

Mailing Address

UNIT 201

26

28

29

3100 NORTHEAST 29 STREET

FORT LAUDERDALE FL 33308

Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

UNIT 201

3100 NORTHEAST 29 STREET

FORT LAUDERDALE FL 33308

Principal Place of Business

AMERILAWYER

343 ALMERIA AVENUE CORAL GABLES FL 33134

SAME

City & State

Suite, Apt..#, etc



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078531

THE HARMS GROUP LIMITED, INC.

Country

9. Name and Address of Current Registered Agent

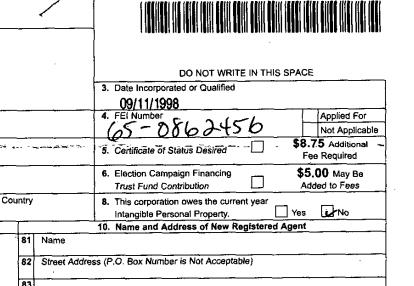
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FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90005 003 ***150.00

85

Zip Code



1. 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 armfamiliar with, and accept the obligations of section 607.0505, Florida Statutes.

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City

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agent. i a	HMCDI A COST TO CONTROL SUI, SECTION OF SECT	on 007.0303, 1 long	Andrew C	ona GABLES	20	71, 190	a +
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicat	"CULTER THE	1100	re required when reinstating)	DATE		/
12.	OFFICERS AND DIRECTOR		13.		GES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD	DELETE	1.1 TITLE			Change	Addition
NAME	HARMS, MARKS		1.2 NAME	`	\	_ ,	
STREET ADDRESS	3100 NORTHEAST 29 STREET, UNIT 201		1.3 STREET ADDRESS	NONE	1		Į į
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	NOWL	<i>)</i>		
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
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STREET ADDRESS			3.3 STREET ADDRESS				. 1
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				}
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	Y	☐ DELETE	5.1 TITLE			∭ Change	Addition
NAME	·		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		- <u></u> -		
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				[
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, Plorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Make tour

566 3790

R2E034 (5/99)

-	P9800078531
	582232-90005-3
	7/1/99
	From MARK HARMS
	THE HMRMS GROUP LTD INC
-	TO : DUISION OF CONPONATIONS
1	
1	TO WHOM IT MAY COWERRAD:
-	
-	AS DISCUSSED WITH YOUR
1	CUSTOMEN SERVICE REPRESENTATIVE,
-	I AM ENLOSING THE SECOND
1	NOTICE AND CHECK FOR \$ 150
1	I PREVIOUSLY HAD MAILED
- 1	THE FULLY COMPLETED FIRST
1	NOTICE WHOW I WHS SUPPOSED TO,
1	YET IT ANDARMITHY WHS
1	MISPLACED IN- THE MAIL.
1	THAK YOU
1	77111AC YOU
1	MARK HARINS
1	PRESIDENT; THE HARMS GROOT
	INC
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