

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).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90011 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000085215**

Corporation Name  
**HARRISON REX, INC.**



Principal Place of Business	Mailing Address
5 NORTH 46 AVENUE HOLLYWOOD FL 33021	125 NORTH 46 AVENUE HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country
25	29

3. Date Incorporated or Qualified	10/02/1998
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GOTTLIEB, KENNETH A**  
**125 NORTH 46 AVENUE**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE <input type="checkbox"/>		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DELETE <input type="checkbox"/>		1.2 NAME	
DELETE <input type="checkbox"/>		1.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		4.2 NAME	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

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: *Kenneth A Gottlieb* **REQUIRED** Date: 7/1/99 Daytime Phone #: 954-966-7900

CR2E034 (5/99)

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**Gottlieb & Gottlieb**  
ATTORNEYS AT LAW  
A Professional Association

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587227-90011-5

Bruce M. Gottlieb 125 NORTH 46TH AVENUE, HOLLYWOOD, FLORIDA 33021-6601  
Kenneth A. Gottlieb

Broward (954) 966-7900  
Dade (305) 624-4777  
Toll Free (800) 330-7900  
Fax (954) 966-7905

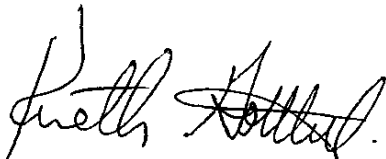
Annual Report Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 1, 1999

Dear Annual Report Section,

Pursuant to my conversation with Wendy from your office I have enclosed my filing fee for my 1999 Profit Corporation Annual Report packet in the amount of \$150.00. Additionally, I have enclosed the signed Annual Report. I explained that this was a new corporation with the name changed to Harrison Rex, Inc. on February 22, 1999. I never received a first notice or any Annual Report Packet. Wendy suggested I send the signed Annual Report, the check in the amount of \$150.00 and this letter. If you have any questions please feel free to contact me at anytime.

Sincerely yours,



Kenneth A. Gottlieb  
Enclosures (2)  
KG