

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra F. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09631** (0)

1. Corporation Name:

HAR-LEE WORLD, INC.



Principal Place of Business:

**PO BOX 17775
JACKSONVILLE FL 32245-7775**

Mailing Address:

**PO BOX 17775
JACKSONVILLE FL 32245-7775**

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HARMON, LOWELL D.
2000 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216**

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 607.0500 and 607.1500, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0500, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	HARMON, LOWELL D.	
STREET ADDRESS	2000 CORPORATE SQUARE BL	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	[] DELETE
NAME	LEE, ROBERT R.	
STREET ADDRESS	2000 CORPORATE SQUARE BL	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	[] Change [] Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	[] Change [] Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	[] Change [] Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	[] Change [] Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	[] Change [] Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental information 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 officer or trustee employee of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2696 9047242864

CR2E034 (12/95)