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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S20279 (3)  
1. Corporation Name  
HARLA CORP.



Principal Place of Business Mailing Address  
C/O 890 STATE RD. 434 NORTH C/O 890 STATE RD. 434 NORTH  
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

860 State Road 434 North, Suite 7  
Altamonte Springs, FL 32714

3. Date Incorporated or Qualified 12/21/1990 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-3042193 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 860 State Road 434 North 26 860 State Road 434 North  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 7 27 Suite 7  
City & State City & State  
23 Altamonte Springs, FL 28 Altamonte Springs, FL  
Zip Country Zip Country  
24 32714 25 USA 29 32714 30 USA

9. Name and Address of Current Registered Agent

GOODMAN, WILLIAM J  
890 STATE ROAD 434 NORTH--  
ALTAMONTE SPRINGS FL 32714--  
860 State Road 434 North, Suite 7  
Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PTD ☐ DELETE  
NAME GOODMAN, WILLIAM J.  
STREET ADDRESS 890 STATE ROAD 434 NORTH  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE DV ☐ DELETE  
NAME GOODMAN, LAUREN B.  
STREET ADDRESS 890 STATE ROAD 434 NORTH  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE VS ☒ DELETE  
NAME BIEDERMAN, R A  
STREET ADDRESS 890 STATE ROAD 434 NORTH  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Goodman, William J.  
1.3 STREET ADDRESS 860 State Road 434 North, Suite 7  
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714  
2.1 TITLE V/S/D ☒ Change ☐ Addition  
2.2 NAME Goodman, Lauren B.  
2.3 STREET ADDRESS 860 State Road 434 North, Suite 7  
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714  
3.1 TITLE T/D ☐ Change ☒ Addition  
3.2 NAME Goodman, Michael A.  
3.3 STREET ADDRESS 860 State Road 434 North, Suite 7  
3.4 CITY-ST-ZIP Altamonte Springs, FL 32714  
4.1 TITLE V/D ☐ Change ☒ Addition  
4.2 NAME H. Scott Gold  
4.3 STREET ADDRESS 860 State Road 434 North, Suite 7  
4.4 CITY-ST-ZIP Altamonte Springs, FL 32714  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: [Signature] William J. Goodman 4/29/97 (407) 788-6555

CR2E034 (9/96)