

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
880 STATE RD 434 NORTH
STE 7
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
880 STATE ROAD 434 NORTH
STE 7
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3042193	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		8. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

GOODMAN, WILLIAM J
880 STATE ROAD 434 NORTH
STE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODMAN, WILLIAM J.	
STREET ADDRESS	880 STATE RD 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GOODMAN, LAUREN B.	
STREET ADDRESS	880 STATE RD 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODMAN, MICHAEL A	
STREET ADDRESS	880 STATE RD 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLD, SCOTT H.	
STREET ADDRESS	880 STATE RD 434 N STE 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gold, H. Scott
4.3 STREET ADDRESS	860 State Road 434 North, Suite 7
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE _____ William J. Goodman 1/20/98 (407) 788-6555

CR2E034 (10/97)