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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90033 029 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S20279

1. Corporation Name
HARLA CORP.

Principal Place of Business
**860 STATE RD 434 NORTH
STE 7
ALTAMONTE SPRINGS FL 32714
US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODMAN, WILLIAM J
860 STATE ROAD 434 NORTH
STE 7
ALTAMONTE SPRINGS FL 32714**

81 Name

Lauren B. Goodman

82 Street Address (P.O. Box Number is Not Acceptable)

860 State Road 434 North, Suite 7

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

Lauren B. Goodman

3/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **GOODMAN, WILLIAM J.**
STREET ADDRESS **860 STATE RD 434 N STE 7**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE

NAME **GOODMAN, LAUREN B.**
STREET ADDRESS **860 STATE RD 434 N STE 7**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE **P/D/S** ☒ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **GOODMAN, MICHAEL A**
STREET ADDRESS **860 STATE RD 434 N STE 7**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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 **V/T/D** ☒ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **GOLD, H S**
STREET ADDRESS **860 STATE RD 434 N STE 7**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Lauren B. Goodman, President 3/11/99 (407) 788-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)