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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S92740

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HARPER'S MFG. SPECIALTIES INC.

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Apr 23 1997 8:00am
Secretary of State

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US US			US					3. Date Inco	orporated or Qua	alified		ate of Last R 01/1996	eport
2. Principal P	lace of Business	2a. M	2a. Mailing Address				-	4. FEI Numb			1 00/0		oplied For
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22		27	27					o. Ceruncar	S OF Status Desir	eu		Fee Re	equired
City & State			City & State						Dampaign Finan	cing		\$5.00	May Be
23			28						d Contribution		Ц	Added t	
Zip	Country	\vdash	Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	24 25 25 29, Name and Address of Current		29 30 30 egistered Agent				J	Florida Statutes Yes No 10, Name and Address of New Registered Agent					
TRO	ITER, THOMAS J		81 Name										
	WABASH TERR.				82	Ctroot	Addrona	(D.O. Pov N	umbor in Not An	oontobl			
	T CHARLOTTE FL 33954				82	Street	Address	S (P.O. BOX N	umber is Not Ad	ceptable	e)		
1 - 1 - 1					83							-	
					84	City						or Zin	Code
					64	City					FL	_ 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.	1508, Florida Stat	lutes, the	above	named	corpora	ition submits	this statement fo	or the pu	irpose o	f changing it	ls registered
agent. 1 a	m familiar with, and accept the obli	igations of, S	section 607.0505, l	Florida St	atutes	r the corp 3.	poration	s board or di	rectors. Thereby	/ accept	t tue stbb	omunent as	registered
SIGNATURE					_								
12.	Signature, typed or printed name of registered a	Agont and trike if ap				ont signature	required w	when reinstating)	CICLIANICED TO	- OFFIC	DATE	O DIDEOTOI	20 111 10
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STREET ADDRESS				6.3	STREET	ADDRESS							
CITY-\$T-ZIP					CITY - S		<u> </u>						
14. I do herel	by certify that the information supplied in indicated on this annual report o	ied with this f	filing does not qua	alify for th	e exe	mption s	tated in	Section 119.	07(3)(i), Florida	Statules	. I furthe	or certify that	the
l lamano	fficer or director of the corporation.	or the receive	er or trustee empr	owered to	evec	aute this r	report as	s required by	Chanler 607, Et	lorida St	latutes: a	and that my r	name
appears i	n Block 12 or Block 13 if changed,	or an atla	acoment with an a	iudress.	4				1				
SIGNAT	TIDE: TOU . T.	110 11	O. I FAY	/	-1R	DITTL	EK	(Ab)	יף/ ענ א	19	MI.	629-	2490