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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # V25224**

(9)

FILED May 05 1997 8:00am Secretary of State

1. Corporation Name HARVEST AMERICAN INC. Principal Place of Business 3781 8W 36 8T HOLLYWOOD FL 33023 Mailing Address HOLLYWOOD FL 33023								
					3. Date Incorporated or Qualified 03/27/1992		te of Last Re 19/1996	eport
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
L	I M - 2	26	·····	·	65-0323317			t Applicable
– Suite, Apt ∄	u. #, €IG.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Sta	3le	City & State		·	6. Election Campaign Financing		\$5.00	
		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation has liability for i	intangible		
	25	29	30				No	
	Name and Address of C IS, ROY B.	Surrent Registered Agent	81 Na	me	10. Name and Address of New Re	gistered	Agent	
378	81 SW 36 ST DLLYWOOD FL 33023		83		sss (P.O. Box Number is Not Acceptab	ole)		
			84 Cit	ly		FL	85 Zip (Code
SIGNATURE	Signature, typed or printeg name of registe		OTE: Registered Agent sig		oration submits this statement for the pon's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
ame Ame Tree address Ety-se-zip	PAIS, ROY B 3781 SW 36ST HOLLYWOOD FL	□ peicus	1.1 TITLE 1 1.2 NAME 1.3 STREET ADDR 1.4 CHY-SI-ZIP				change	L Addition
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	8		2.2 NAME 2.3 STREET ADDR				Change	Additio
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TY-ST-7/P TLE AMC REET ADDRESS			2.3 STREET ADDR 2.4 City-St-Zip 3.1 Title 3.2 Name 3.3 STREET ADDR	ness				
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Information indicated on this annual report of supplies and that my analysis and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR