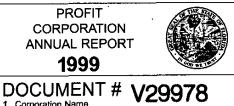
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Apr 15, 1999 8:00 am Secretary of State Katherine Harris

04-15-1999 90028 032 ***150.00

1. Corporation Name										
NORMAN E. HARRIS ENTERPRISES, INC.										
										!
										-
Principal Place of Business Mailing Address										
1312 COMMERCE LANE 1312 COMMERCE LANE										
SUITE 9A JUPITER FL 33458 SUITE 9A JUPITER FL 33458						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
	- · · ·	-				04/15/1992				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied Fo	\dashv
21		26				65-0390137	_		Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Populated	ľĺ
22		27				5. Certificate of Status Desired Fee Required				
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23	Bountar	28	Coun	trv	_	This corporation owes the current	t voor Inte		10 100	
Zip	Country	Zip 30	_	uy		Personal Property Tax.	n year iine	Yes	Ľ No	
24	9. Name and Address of Current	_ 	<u>'l</u>			10. Name and Address of New Re	gistered /	Agent		
	5. Name and Address of Current	registered Agent	1	81 Name						
HALEY, BARRY L.						(DO D 11 beside New Assessment)				
ONE EAST BROWARD BLVD.				B2 Street	Addre	ss (P.O. Box Number is Not Acceptable	e)			
S-1609			<u> </u>	83						
FT. LAUDERDALE FL 33301			L					(1 -7	:- O-d-	
			84 City				FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the ab	ove-named	corpo	ration submits this statement for the pu	rpose of	changing	its register	ed
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	orized Statut	by the corp	oratior	i's board of directors. I hereby accept t	the appoir	itment as	registerea	
_	m janililai witri, and accept the obligati	0113 01, Section 007.0000, Florida	- 01010							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered A	gent signature	required	when reinstating)	DATE			;
12.	OFFICERS AND		13.		т	ADDITIONS/CHANGES TO OFFI	CERS AN			
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NAME	HARRIS, NORMAN E.			Æ						
STREET ADDRESS	1312 COMMERCE LANE, STE 9A			EET ADDRESS						} {
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NAME			6.2 NAJ	ИE						
STREET ADDRESS				REET ADDRESS						
STREET NUMESS			•		1					

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 comperation 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-575-485