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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

(6)

DOCUMENT #
1. Corporation Name

HAL JARVIS ENTERPRISES, INC.												
Dringinal Place	of Rusiness		Mailing Addre	nss				- I IOON ONE O DU	 	[ON BIYN BA	
Principal Place of Business 2715 NE 23 CT POMPANO BEACH FL 33062			2715 NE 23 CT POMPANO BEACH FL 33062									
								3. Date Incorporated 08/27/1992		3a. Date	of Last R 8/09/1	
2. Principa! Pla	ce of Business		2a. Mailing Ad	oldress				4. FEI Number 65-03502	06			Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt	. #, etc.				5. Certificate of Statu	s Desired			Additional Required
City & State			City & Sta	ite				6. Election Campaign Trust Fund Contrib	-		,	May Be
3 Zip.	Count	v	28 Zip		Coun	try		8. This corporation h		intangible ta		
4	25	•	29		30			Florida Statutes	☐ Yes			
	9. Name and Addr	ess of Current	Registered Age	nt				10. Name and Addre	ess of New F	legistered /	Agent	
					{	B1 Nar						
JARVIS, HAROLD, IV					Ī	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)				
	ie 23 CT No Beach FL 330	62			Ī	83						
1 (1011)	110 00101112 000				1	84 City	·				85 Z	p Code
		0030 500	CO7 1500 Flv	orido Ctatut	oc the about	0 0200	decorre	ation submits this statement of dispatement bereits	ent for the nu	rpose of cha	nging its	reaistered offic
n register	o the provisions of Sec ed agent, or both, in the	State of Florid	a. Such change w	vas authoriz	red by the co	orporatio	n's board	ation submits this statement of directors. Thereby ac	ccept the app	ointment as	registere	d agent. I am
familiar wit	h, and accept the oblig	ations of, Section	on bur usus, rion	iga Statutes								
PIONIATURE								d when reinstating)		DATE		
SIGNATURE	Signature typed or printed name		and title if applicable DIRECTORS	(NC						ICERS AND		
SIGNATURE _	Signature typed or pretted nam	e of registered agent & OFFICERS AND	and title if applicable DIRECTORS		OTE: Registered A	Agent signa		d when reinstating)		ICERS AND	DIRECTO	ORS IN 12
SIGNATURE _ I2.	Signature typed or preited name PST JARVIS, HARO	e of registered agont e OFFICERS AND	and title if applicable DIRECTORS	(NC	13. 1.1 TIT	Agent signa 'LE VIE	bevluper aru	d when reinstating)		ICERS AND		
SIGNATURE _ TLE HAME	PST JARVIS, HARO 2715 NE 23 C1	of registered agont of OFFICERS AND	and title if applicable DIRECTORS	(NC	13. 1.1 TII 1.2 NAI	Agent signa LE ME REET ADDRI	bevluper aru	d when reinstating)		ICERS AND		
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