

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

FILED

**Feb 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 201439 (7)
1. Corporation Name
ONE HARBOUR WAY INC



Principal Place of Business Mailing Address
**1 HARBOUR WAY
APT 306
BAL HARBOUR FL 33154-1381**

3. Date Incorporated or Qualified **04/08/1957** 3a. Date of Last Report **12/19/1996**

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

4. FEI Number **59-0801729** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANTON, FRED R
1111 LINCOLN ROAD
STE. 111-A
MIAMI BEACH FL 33139**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOSEPH	
STREET ADDRESS	1 HARBOUR WAY	
CITY - ST - ZIP	BAL HARBOUR FL 33154-1381	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VENTURI, MARY	
STREET ADDRESS	1 HARBOUR WAY	
CITY - ST - ZIP	BAL HARBOUR FL 33154-1381	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUGAR, JACK	
STREET ADDRESS	159 BAL BAY DRIVE	
CITY - ST - ZIP	BAL HARBOUR FL 33154-1381	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VELARDO, CHARLES	
STREET ADDRESS	1 HARBOUR WAY	
CITY - ST - ZIP	BAL HARBOUR FL 33154-1381	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRABILL, JERRY	
STREET ADDRESS	1 HARBOUR WAY	
CITY - ST - ZIP	BAL HARBOUR FL 33154-1381	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S DATTILO, LINDA
4.3 STREET ADDRESS	1 HARBOUR WAY
4.4 CITY - ST - ZIP	BAL HARBOUR, FL 33154-1381
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/19/97 (805) 865-8673
SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000382

CR2E034 (9/96)