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**Feb 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 410657 (1)

1. Corporation Name
HARN RO SYSTEMS, INC.



Principal Place of Business 185 SOUTH JACKSON ROAD VENICE FL 34292 US	Mailing Address 185 SOUTH JACKSON ROAD VENICE FL 34292-4101 US
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3. Date Incorporated or Qualified 10/13/1972	3a. Date of Last Report 02/06/1996
4. FEI Number 59-1445236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 205 SEABOARD AVE S. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 879 Suite, Apt. #, etc.
22 City & State 23 VENICE, FL.	27 City & State 28 NOKOMIS, FL.
24 Zip 34292	25 Country SARASOTA
29 Zip 34274-0879	30 Country SARASOTA

9. Name and Address of Current Registered Agent

**HARN, JAMES A.
203 SOUTH JACKSON ROAD
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name HARN, JAMES A.
82 Street Address (P.O. Box Number is Not Acceptable) 205 SEABOARD AVE S.
83
84 City VENICE, FL
85 Zip Code 34292

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		DELETED
TITLE	V	<input type="checkbox"/>
NAME	HARN, JOHN W.	
STREET ADDRESS	915 BAYSHORE DRIVE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	PD	<input type="checkbox"/>
NAME	HARN, JAMES A.	
STREET ADDRESS	105 A LOUELLA LANE	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	S	<input type="checkbox"/>
NAME	MYERS, KRISTINE J.	
STREET ADDRESS	11036 KIMBERLY AVE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	BUONASSISI, JOHN F	
STREET ADDRESS	364 E SEMINOLE DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	V	<input type="checkbox"/>
NAME	FINLEY, MICHAEL R	
STREET ADDRESS	8329 99TH STREET EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 if changed, or on an attachment with an address.

SIGNATURE: *Kristine J Myers Corp Sec.* Date: *1-31-97* Telephone: *941-488-9671*

CR2E034 (9/96)