


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

**FILED**

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

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

1. Corporation Name  
**HARN RO SYSTEMS, INC.**



Principal Place of Business <b>185 SOUTH JACKSON ROAD VENICE FL 34292 US</b>	Mailing Address <b>185 SOUTH JACKSON ROAD VENICE FL 34292-4101 US</b>
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3. Date Incorporated or Qualified <b>10/13/1972</b>	3a. Date of Last Report <b>02/06/1996</b>
4. FEI Number <b>59-1445236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>205 SEABOARD AVE S.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 879</b> Suite, Apt. #, etc.
22 City & State 23 <b>VENICE, FL.</b>	27 City & State 28 <b>NOKOMIS, FL.</b>
24 Zip <b>34292</b>	25 Country <b>SARASOTA</b>
29 Zip <b>34274-0879</b>	30 Country <b>SARASOTA</b>

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

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 <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARN, JOHN W.</b>		1.2 NAME	
STREET ADDRESS <b>915 BAYSHORE DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NOKOMIS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARN, JAMES A.</b>		2.2 NAME	
STREET ADDRESS <b>105 A LOUELLA LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NOKOMIS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MYERS, KRISTINE J.</b>		3.2 NAME	
STREET ADDRESS <b>11036 KIMBERLY AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ENGLEWOOD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUONASSISI, JOHN F</b>		4.2 NAME	
STREET ADDRESS <b>364 E SEMINOLE DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>VENICE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FINLEY, MICHAEL R</b>		5.2 NAME	
STREET ADDRESS <b>8329 99TH STREET EAST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)