

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # 664031 (2)

1. Corporation Name
HARRIS AND SCHROEDER BUILDERS, INC.



Principal Place of Business Mailing Address
**404 W. MOWRY STREET
HOMESTEAD FL 33030
US**

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/28/1980 | 3a. Date of Last Report 02/10/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-1961366 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| g. Name and Address of Current Registered Agent HARRIS, H. ROLAND 19240 S.W. 304TH STREET HOMESTEAD FL 33030 | 10. Name and Address of New Registered Agent 81. Name James M. Harris 82. Street Address (P.O. Box Number is Not Acceptable) 19425 S.W. 312 St. 83. 84. City Homestead, FL 85. Zip Code 33030 |
|--|---|

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 officer 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: *James M. Harris* **James M. Harris, President** 1-29-96
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, H. ROLAND | 1.2 NAME | |
| STREET ADDRESS | 19240 SW 304TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, NAKITA S | 2.2 NAME | |
| STREET ADDRESS | 19425 SW 312TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, JAMES M | 3.2 NAME | |
| STREET ADDRESS | 19425 SW 312TH ST | 3.3 STREET ADDRESS | Harris, James M. |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | 3.4 CITY-ST-ZIP | 19425 S.W. 312 St. Homestead, FL 33030 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, DORIS C | 4.2 NAME | |
| STREET ADDRESS | 19240 SW 304TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMSTEAD FL 33030 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nakita S. Harris* **Nakita S. Harris** 1-29-96 (305)247-6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)