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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709783 (5)
1. Corporation Name
HARBOR HOUSE EAST, INC.



Principal Place of Business 9 N BIRCH RD FORT LAUDERDALE FL 33304-4332	Mailing Address 9 N BIRCH RD FORT LAUDERDALE FL 33304-4369
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1965		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 05-9124732		Applied For 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		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DITTMER, RICHARD 1600 N OCEAN BLVD. APT 404 POMPANO BCH. FL 33062				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard Dittmer* **RICHARD DITTMER.** *March 28/97.*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALICE M.		1.2 NAME	BAHLER, Sydney	
STREET ADDRESS	9 N BIRCH ROAD		1.3 STREET ADDRESS	9 N BIRCH RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLKE, JOACHIM		2.2 NAME	FRANTZ, John J.	
STREET ADDRESS	9 N BIRCH ROAD		2.3 STREET ADDRESS	9 N BIRCH RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FL. LAUDERDALE FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, ANTHONY		3.2 NAME	GREENE, MARJORIE	
STREET ADDRESS	9 N BIRCH ROAD		3.3 STREET ADDRESS	9 N BIRCH RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	FL. LAUDERDALE FL 33304	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, THERESE		4.2 NAME	BAKER, DOUGLAS	
STREET ADDRESS	101 N BIRCH ROAD		4.3 STREET ADDRESS	9 N BIRCH RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		4.4 CITY-ST-ZIP	FL. LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PAMELA		5.2 NAME		
STREET ADDRESS	9 BIRCH ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marjorie Greene* *Michael...*

CR2E037 (9/96)