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

**PROFIT** CORPORATION \*ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	K29640
4 Corneration Name	

HARBORVIEW CORPORATION

Principal Place of Busi	ness	Mai	Mailing Address			
3015 N. OCEAN BLVD. STE 120 FT. LAUDERDALE FL 33	STE	3015 N. OCEAN BLVD. STE 120 FT. LAUDERDALE FL 33308				
2. Principal Place of 8	lusiness		Mailing Addres	s		
Suite, Apt. #, etc		26  	Suite, Apt #, el	tc.		
City & State			City & State			
Zip	Country	28	Zip	C	ountry	
24	25	29		30		
9. Na	ame and Address of Cu	rrent Registe	ered Agent		B1 Nan	

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OF CRETE FROM	COP STATE E.E., H. O'HOM



ITE 120 STE 120 T. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308			DO NOT WRITE IN TH	IIS SPACE			
ri. DAUUENUAL	E FL 33300	FI. ENDELLONEE FE 33300			3. Date Incorporated or Qualified 07/28/1988		
2. Principal Pi	ace of Business	2a. Mailing Address			4, FE Number <b>65-0065671</b>	1 1 1	olied For t Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc			5. Certificate of Status Desired [ ]	<b>\$8.75</b> A Fee Rec	1
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country [25]	Z ip [29]	Countr	у	8. This corporation owes the current year Personal Property Tax  10. Name and Address of New Registere	4 Yes	[ ]No
E06	<ol> <li>Name and Address of Current</li> </ol> TER. REBECCA A.	Registered Agent	. 81	Name	10. Name and Address of New Registere	u Agent	
	N. OCEAN BLVD.		82		ddress (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33308		84		200002829 -04/05/99 ****150. <b>0</b>		<u></u>
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	ithorized by	/ the corpor	orporation submits this statement for the purpose ation's board of directors. Thereby accept the app	of changing its i	registered
SIGNATURE	Signature, typed or printed name of registered a jent	and the if application (NOTE	Rejiste e l'Ago	alt signation on t	produktor to star <sub>e</sub> p. DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPS	[] DELETE	1170LE	Ì		[   Change	[ ] Addition
NAME	FOSTER, REBECCA A		1.2 NAME	1			
STREET ADDRESS	6094 VISTA LINDA LANE		13 STREE	TADORESS			
CITY-ST-ZIP	BOCA RATON FL		14 OTY-	ST-262			
TITLE	DVPT	[ ] DELETE	2 1 TITLE	Ì		[   Change	[ ] Addition
NAME	LANDAU, MARC		2.2 NAME				
STREET ADORESS			235TREE	FEADORESS			
CITY-ST-ZIP	PEMBROE PINES FL		2 4 Ci71	\$1-Z-P			
TITLE	1 Linux 1 VI LO 1 L	[   DELETE	3.1 TH LE			[   Change	[ ] Addition
NAME	ı		3.2 NAME				
STREET ADDRESS			33 STREE	TADD6E35			
C. 12			34 CITY				

SIGNATURE (NOTE: Registere L'Agent signat-Signature, typed or printed name of registered a jent and the if applicable OFFICERS AND DIRECTORS 12. LIDELETE DPS 11 THEF TITLE NAME FOSTER, REBECCA A 1.2 NAME 6094 VISTA LINDA LANE STREET ADDRESS 1.3 STREET ADORE **BOCA RATON FL** 14 O(15: ST-Z@ CITY-ST-ZIP [ ] DELETE 2 1 TITLE DVPT TITLE LANDAU, MARC 2.2 NAM NAME 17858 NW 15TH CT STREET ADDRESS 2.3 STREET ADORS PEMBROE PINES FL 2 4 Ci7 t - S1-Z-P [ | DELETE 3.1 Tiffue TITLE 3.2 NAME NAME STREET ADORESS 33 STREET LADORE 34 C/LY-\$1-Z/0 CITY-ST-ZIP [ | Addition [ | DELETE [ | Change 4 1 TIFLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY+ST+ZiF CITY-ST-ZIP [ | DELETE [ ] Change [ | Add ton 5 1 TITLE TITLE 53 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 611HLE [ LOEUETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 positive 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, with all other like empowered.

SIGNATURE:

Rebeca A. Foster

954-563-2444