

1-13-95 B-0078-NC  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
 ANNUAL REPORT  
 1995**



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

**FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS**

**DOCUMENT # L87510 (8)**

95 JAN 13 AM 10:12

1. Corporation Name  
**HARBORSIDE MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**3640 YACHT CLUB DR., #2009 AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1990** 3a. Date of Last Report **01/24/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-1911168		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GOOD, G. MORTON  
 % KELLEY, DRYE & WARREN  
 201 S. BISCAYNE BLVD., #2400  
 MIAMI FL 33131**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

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**

Signature (typed or printed name of registered agent and title) (underline)

(initial) Registered Agent signature required when reappointing

(initial)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, SAMUEL T., JR.	2. NAME	
STREET ADDRESS	3640 YACHT CLB DR. #2009	3. STREET ADDRESS	
CITY ST. ZIP	AVENTURA, FL 33180	4. CITY - ST. ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY ST. ZIP		24. CITY - ST. ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST. ZIP		34. CITY - ST. ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST. ZIP		44. CITY - ST. ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST. ZIP		54. CITY - ST. ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST. ZIP		64. CITY - ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am an officer or director of the corporation or a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** *Samuel M. Byron Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

1-9-95 (305) 931-1243