

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043473 (5)
 1. Corporation Name
HARRIS FINANCIAL, INC.



Principal Place of Business	Mailing Address
1315 S HOWARD AVE SUITE 102 TAMPA FL 33606 US	1315 S HOWARD AVE SUITE 102 TAMPA FL 33606 US

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3247995	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent

HARRIS, KATHERINE L
1315 S HOWARD AVE
TAMPA FL 33606

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

FL

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 _____ (Type or print name of registered agent and the appointor) (If officer, director, or agent, signature required when appointing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PO		
NAME	HARRIS, ED		
STREET ADDRESS	1315 SOUTH HOWARD AVE SUITE 102		
CITY - ST - ZIP	TAMPA FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE			
62. NAME			
63. STREET ADDRESS			
64. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address _____

SIGNATURE: *Ed Harris* **ED. HARRIS PO** 7/2/96 ⁸¹³ 251 8488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)