

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

FILED  
May 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000090471 (1)

1. Corporation Name  
HARRIS REALTY, INC.



Principal Place of Business

C/O 8570 PHILLIPS HWY., SUITE 101  
JACKSONVILLE FL 32256

Mailing Address

ATTN: TAX DEPT  
8300 COLLEGE BLVD  
OVERLAND PARK KS 66210-1841  
US

3. Date Incorporated or Qualified: 12/14/1994  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

21 10245 Centurian Parkway

2a. Mailing Address

26 Suite, Apt. #, etc.

22 North

27 City & State

23 Jacksonville FL

28 City & State

24 32256 25 USA

29 Zip 30 Country

4. FEI Number: 59-3330775  
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KILPATRICK, DONALD G	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PCFO	<input checked="" type="checkbox"/> DELETE
NAME	WOTIZ, ARTHUR C	
STREET ADDRESS	8570 PHILLIPS HWY., STE. 101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	DITERESI, EMANUEL J	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	LESTER, ROBERT M	
STREET ADDRESS	8570 PHILLIPS HWY., STE. 101	
CITY-ST-ZIP	JACKSONVILLE FL 32256-8208	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NICK, RICHARD J	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	DONAHUE, RICHARD J	
STREET ADDRESS	399 PARK AVE., 32ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Pa Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Anthony J Petrocelli
2.3 STREET ADDRESS	399 Park Ave, 32nd floor
2.4 CITY-ST-ZIP	New York, NY 10022
3.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matthew J Dowd
3.3 STREET ADDRESS	399 Park Ave, 32nd floor
3.4 CITY-ST-ZIP	New York, NY 10022
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Philip M Burright
4.3 STREET ADDRESS	8300 College Blvd
4.4 CITY-ST-ZIP	Overland Park, KS 66210
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten signature and date: RW 5-27-97

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-06/05/97--01064--042  
\*\*\*165.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a report, or on an annual report with an...

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