

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

FILED
Mar 28 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 # P96000019298 (4)

1. Corporation Name
HARBOR AUTOMOTIVE, INC.



Principal Place of Business Mailing Address
147 BAYWOOD AVE 370 Sansu Court LONGWOOD FL 32750
147 BAYWOOD AVE 370 Sansu Court LONGWOOD FL 32750

2. Principal Place of Business 2a. Mailing Address
 21 **370 Sansu Court** 26 **370 Sansu Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite A** 27 **Suite A**
 City & State City & State
 23 **Longwood, FL** 28 **Longwood, FL**
 Zip County Zip County
 24 **32750** 25 **Seminole** 29 **32750** 30 **Seminole**

3. Date Incorporated or Qualified **02/29/1996** 3a. Date of Last Report
 4. FEI Number **59-3373799** 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 10. Name and Address of New Registered Agent
VELEZ, SARAH E 81 Name **N/A**
814 CASTLE DR 82 Street Address (P.O. Box Number is Not Acceptable)
ALTAMONTE SPRINGS FL 32714 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	PS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, KENT S	1.2 NAME	VELEZ, KENT S.
STREET ADDRESS	147 BAYWOOD AVE 370 Sansu Court	1.3 STREET ADDRESS	370 Sansu Court
CITY - ST - ZIP	LONGWOOD FL 32750	1.4 CITY - ST - ZIP	Longwood, FL 32750
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, SARAH E	2.2 NAME	VELEZ, SARAH E
STREET ADDRESS	147 BAYWOOD AVE	2.3 STREET ADDRESS	370 Sansu Court
CITY - ST - ZIP	LONGWOOD FL 32750	2.4 CITY - ST - ZIP	Longwood, FL 32750
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3-18-97** DAYTIME PHONE: **407-260-5660**

CRE034 (9/96)