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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90196 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019298

1. Corporation Name
HARBOR AUTOMOTIVE, INC.



Principal Place of Business 1310 E FIRST AVE SUITE A MOUNT DORA FL 32757 US	Mailing Address 1310 E FIRST AVE SUITE A MT DORA FL 32757 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/29/1996	4. FEI Number 59-3373799	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 5. <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution 6. <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State 23	City & State 28	7. Zip 24	Country 25	Country 30

9. Name and Address of Current Registered Agent

VELEZ, SARAH E
 814 CASTILE DR - 1320 E FIRST AVENUE
 ALTAMONTE SPRINGS FL 32714 MOUNT DORA, FL
 32757

10. Name and Address of New Registered Agent

81 Name	SARAH E. VELEZ
82 Street Address (P.O. Box Number is Not Acceptable)	1320 E. FIRST AVENUE
83	MOUNT DORA,
84 City	FL
85 Zip Code	32757

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]* SARAH E VELEZ
 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, ISABEL	
STREET ADDRESS	814 CASTILE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VEGA, MOISES	
STREET ADDRESS	814 CASTILE DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARAH E VELEZ	
1.3 STREET ADDRESS	1320 E. FIRST AVENUE	
1.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENT S. VELEZ	
2.3 STREET ADDRESS	1320 E. FIRST AVENUE	
2.4 CITY-ST-ZIP	MOUNT DORA, FL 32757	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SARAH E. VELEZ 4/27/99 (352)
 383-9262
 DATE: _____ DAYTIME PHONE # _____

CR2E034 (1/98)