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

**PROFIT CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007852 1. Corporation Name

HARBOUR LIGHTS HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

4501 GOLDEN GATE PARKWAY NAPLES FL 34105

300 GLEED AVENUE EAST AURORA NY 14052-2980

SECKE MALY OF STATE

99 FEB -8 PH 1:13

			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/27/1997			
21 4501 Tamiami Irail North	26 Clo The Park Assex	inter Inc.	65-0731554	Not Applicable		
Suite, Apt. #, etc. 22 2.22	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 Naples FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 34103 25 Collier	Zip   Country		This corporation owes the current year Personal Property Tax	ear Intangible □} Yes <b>ਵਾ</b> No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301		83				
		84 City	F	L 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 section 607.0505, Florida Statutes.

	Signature, typed or printed name of registered agent and tille if applicable	(NOTE Re	gistared Agent signature re			
12.	OFFICERS AND DIRECTORS	·	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
TITLE	<b>D</b>	DELETE	1.1 TITLE		Change	Addition
NAME	CUR, NEIL M		12 NAME	Chur		
STREET ADDRESS	166 DAVIS ROAD		13 STREET ADDRESS			
CITY-ST-ZIP	EAST AURORA NY 14052	.,	14 OTY-\$1-ZIP			
TITLE	VP	DELETE	2 1 TITLE		Change	Addition
NAME	FELDMAN, JOY A		2 2 NAME	20000277	1923	
STREET ADDRESS	167 RUSKIN ROAD		23 STREET ADDRESS	30000277 -02/10/99-	-01075	023
CITY-ST-ZIP	AMHERST NY 14226		2 4 CITY-ST-ZIP	****158.7	5 ****1	58.75
TITLE	S	DELETE	31 TITLE		Change	Add ton
NAME	Brylinski, Paulett K		32 NAME			
STREET ADDRESS	416 SOUTH STREET		33 STREET ADDRESS			
CITY-ST-ZIP	EAST AURORA NY 14052		3.4. CITY-ST-ZIP			
TITLE	<b>T</b>	DELETE	4 1 TITLE		[^] Change	Addition
NAME	KING, DEBRA		4. 2 NAME			
STREET ADDRESS	4501 N. TAMIAMI TRAIL		4,3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940		44 CITY-ST-ZIP			
TITLE #	P	DELETE	51 TITLE		Change	Addition
NAME	SMITH, JOHN		5.2 NAME	-2/0/		
STREET ADDRESS	300 GLEED AVENUE		5.3 STREET ADORESS	Sis 100/8/100 0	11 B	
CITY-ST-ZIP	EAST AURORA NY 32301		54 CITY-ST-ZIP	10 99 9	yrr_	
TITLE		DELETE	& 1 TITLE	Vice President	[] Change	Addition
RAME			62 NAME	Chur, Neil Mr, Jr.		
STREET ADDRESS			6.3 STREET ADDRESS	1240 Luther Road		

64CITY-ST-ZIP EAST AUREN, MY 14OS Z

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 Statutés, 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.

ed to execute this report as required with all other like empowered.

Joy A. Feldman, Vice President

1/2/99

7/4/652-3830