FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # **S75271** **(4)**

1. Corporation Name

HARCH CAPITAL MANAGEMENT, INC.

Principal Place of Business

ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487
US

Mailing Address

ONE PARK PLACE
621 NW 53RD ST SUITE 620
BOCA RATON FL 33487
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/22/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0287661 ☐ 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

LEWITT, MICHAEL E.
ONE PARK PLACE
621 N.W. 53RD STREET, STE. 620
BOCA RATON FL 33487

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 __________ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HARCH, JOSEPH W.	
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST., STE. 620	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VS	☐ DELETE
NAME	LEWITT, MICHAEL E.	
STREET ADDRESS	ONE PARK PL., 621 N.W. 53RD ST., STE. 620	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☒ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP	33487	
2 1 TITLE	EVP	☒ Change ☒ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP	33487	
3 1 TITLE	EVP	☐ Change ☒ Addition
3 2 NAME	JEFFREY H. HILL	
3 3 STREET ADDRESS	ONE PARK PL. 621 NW 53RD ST ST 620	
3 4 CITY-ST-ZIP	BOCA RATON FL 33487	
4 1 TITLE	EVP	☐ Change ☒ Addition
4 2 NAME	JAMES C. DIDONATO	
4 3 STREET ADDRESS	ONE PARK PL 621 NW 53RD ST ST 620	
4 4 CITY-ST-ZIP	BOCA RATON FL 33487	
5 1 TITLE	VP	☐ Change ☒ Addition
5 2 NAME	DANIEL DICENNARO	
5 3 STREET ADDRESS	ONE PARK PL 621 NW 53rd ST 620	
5 4 CITY-ST-ZIP	BOCA RATON FL 33487	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(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.

SIGNATURE: Michael E. Lewitt Michael E Lewitt 1/15/96 407-995-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)