

FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 298358 (3)

1. Corporation Name

HARRINGTON & COMPANY, INC.



Principal Place of Business

P. O. BOX 013901
899 S AMERICA WAY
MIAMI FL 33101

Mailing Address

P. O. BOX 013901
899 S AMERICA WAY
MIAMI FL 33101

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/02/1965

3a. Date of Last Report

04/17/1995

4. FEI Number

59-1107657

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

10. Name and Address of New Registered Agent

HARRINGTON, N L
899 S AMERICA WAY
MIAMI FL 33132

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13

14. City

FL

15. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	STINSON, LOUIS J	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	☐ DELETE
NAME	HARRINGTON, N L	
STREET ADDRESS	899 S AMERICA WAY	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	VPD	☐ DELETE
NAME	HARRINGTON, S C	
STREET ADDRESS	899 S AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
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

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	☐ Change ☐ Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	☐ Change ☐ Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	☐ Change ☐ Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY-ST-ZIP	☐ Change ☐ Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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 amendment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Stephen C. Harrington
Vice President

1/24/96

358-5621

Date

Daytime Phone

CR2E034 (12/95)