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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 380251

(9)

HARBOR ENTERPRISES, INCORPORATED

	II LIVILIII IIIOLO, IIVOOJII					
Principal Plac	ce of Business	Mailing Address	·		ILÜBI İHAN HELI BIRIN ANDII ƏNDI	I DION DIEN DEDIY DEBI
510 10TH AVE SAFETY HARB		510 10TH AVE SOUTH SAFETY HARBOR FL 34695-3	820			
				3. Date incorporated of 01/11/1971		of Last Report 1/1996
· .	Place of Business	2a. Mailing Address	·	4. FEI Number		Applied For
21		26		59-1319249		Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status		\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign	· · · —	\$5.00 May Be
<b>23</b> Zip	Country	<b>26</b>	Country	Trust Fund Contribu		Added to Fees
24]	25	29 3	~~ <b>_</b>	Florida Statutes	s liability for intangible ta Yes 🏻	·
[24]	9. Name and Address of Cur		91		of New Registered Ag	
HIC	KS,JAMES L		81 Nami			
	O VALENCIA DR W RGO FL 34648		82 Stree	Address (P.O. Box Number is I	lot Acceptable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			83			
			84 City		FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes ale of Florida. Such change was au digations of, Section 607.0505, Flori	the above-name	corporation submits this stater	nent for the purpose of c	hanging its registered
office or agent 1 a	registered agent, or both, in the St	ale of Florida. Such change was au dipations of Section 607,0505. Flori	thorized by the co da Statutes	rporation's board of directors. I	nereby accept the appoin	ntment as registered
	City tearing it vites, cities the same of	rigations of occitor our loss, thori	da Otatutoa.			
	Jame Kr Helle	. JANOC LHI	BUC			
SIGNATURE	Styrufer, typed or pertod rame of registered	AMRC L.H.	CKS Registered Agent signatu	e required when reinstating)	1-/8-97 DATE	
SIGNATURE	Styr. Jul. typed or pured name of registered OFFICERS	AMR L H  Byrnt and title if applicable (NOTE I  AND DIRECTORS	CUS Registered Agent signatu 13.	e required when reinstating)	DATE ES TO OFFICERS AND D	DIRECTORS IN 12
SIGNATURE 12.	Signal to the State of the Stat	AMRC L.H.	Registered Agent signatu 13.	e required when reinstating)	DATE ES TO OFFICERS AND D	
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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 at 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or gn an altachment with an address.

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 21 1997 8:00am

Secretary of State