

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 14 1996 8:00 am  
Secretary of State

DOCUMENT # **382153** (5)

1. Corporation Name  
**HARBOUR REAL ESTATE CORPORATION**



Principal Place of Business: **4975 SW 85 ST MIAMI FL 33143 US**  
Mailing Address: **4975 SW 85 ST MIAMI FL 33143 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for State, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **05/14/1971**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-1354309**  
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: **WERNER, SETH 4975 SW 85 ST MIAMI FL 33143**  
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.0507 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>PSTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>WERNER, SETH</b>	2.1 NAME	
3. STREET ADDRESS	<b>4975 SW 85 ST</b>	3.1 STREET ADDRESS	
4. CITY-STATE-ZIP	<b>MIAMI FL</b>	4.1 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY-STATE-ZIP		8.1 CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY-STATE-ZIP		12.1 CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY-STATE-ZIP		16.1 CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY-STATE-ZIP		20.1 CITY-STATE-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)(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 trustee 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, with an attached address.

SIGNATURE: \_\_\_\_\_ DATE: **2/6/96** 305-452-0000

CR2E034 (12/95)