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, PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 500524

HARBOR MANUFACTURING, INC.

,	ce of Business	Mailing A										
11617 PROSPE ODESSA FL 33		11617 PROSPECT ROAD ODESSA FL 33556										
US		US					DO NOT WRI	TE IN TI	HIS SPAC	E		
							3.	Date Incorporated or Qualifed 04/06/1976				
2. Principal F	Place of Business	2a. Maili	ng Address				4.	FEI Number			Ap	plied For
21		26						59-1682505				t Applicable
Suite, Apt.		Suite, Apt. #, etc.					5.	Certifcate of Status Desired		•		dditional quired
City & Stat	te	City	& State				6.	Election Campaign Financing		\$5	5.00	May Be
23		28						Trust Fund Contribution	Ц	Ad	dded t	Fees
Zip	Country	Zip		Count	try		8.	This corporation owes the curre	ent year			-
24	25	29	4 4	30			<u> </u>	Personal Property Tax.		∐ Ye:	S	□No
	9. Name and Address of Cur	rrent Registered	Agent	8	31	Name	10.	Name and Address of New R	tegister	ed Agent		
JAN	ikura, june	•						•				
	S. WOODLANDS DR.			8	32	Street Addres	ss (P	P.O. Box Number is Not Accepta	ble)			
OLD	SMAR FL 34677			8	33			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		n karang.	19 4 9	(31) Car., 1571
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				8	34	City			- , , , ,	L 85	85 Zip Cod	
	and the second of the second o	0302 and 607.150	08, Florida Statu	tes, the abo	ve-n	named corpor	ration	submits this statement for the	purpose	of change	ng its	egistered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Flonda. Suc ligations of, Section	ch change was a on 607.0505, Flo	authorized b orida Statute	by the	e corporation	i's bo	pard of directors. I hereby accep	t the ap	of changi pointment	ng its as rec	registered pistered
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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 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90014 010 ***150.00