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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 567253 (0)

1. Corporation Name
MAC HARRIS, INC.



Principal Place of Business 10 WINDJAMMER POINT MERRITT ISLAND FL 32936-9483 US	Mailing Address 10 WINDJAMMER POINT MERRITT ISLAND FL 32936-9483 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1978	
21	26	4. FEI Number 59-1840192		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
24		25		30	

9. Name and Address of Current Registered Agent HARRIS, JOSEPH M. 10 WINDJAMMER POINT MERRITT ISLAND FL 32952				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code FL	

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD HARRIS, JOSEPH M. 10 WINDJAMMER POINT MERRITT ISLAND FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HARRIS, BARBARA D. 10 WINDJAMMER POINT MERRITT ISLAND FL	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D TAYLOR, RICHARD 4450 LAKE WASH RD MELBOURNE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]* **407 773 6589**
Joseph M. Harris Jr Pres Mar 27, 1998

CR2E034 (10/97)