


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

NON-PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 568378 1. Corporation Name HARCOR INVESTMENT, INC.			
Principal Place of Business 6270 NW. 24 AVE. BOCA RATON FL. 33496		Mailing Address 6270 N.W. 24 AVE. BOCA RATON, FL. 33496	
2. Principal Place of Business 21 6270 NW. 24 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 6270 N.W. 24 AVE. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/12/1978	
22 City & State 23 BOCA RATON, FL. Zip 24 33496 Country 25 USA	27 City & State 28 BOCA RATON, FL. Zip 29 33496 Country 30 USA	4. FEI Number 59-1828531	Applied For Not Applicable
9. Name and Address of Current Registered Agent L. KOLMAN GREENBERG 6270 N.W. 24 AVE. BOCA RATON, FL. 33496		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT L. KOLMAN GREENBERG 6270 NW. 24 AVE. BOCA RATON FL. 33496	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition 400002921594--0 -07/01/99--01100--024 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. HARRIET S. GREENBERG 6270 N.W. 24 AVE. BOCA RATON FL. 33496	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition SP

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, with all other like empowered.

SIGNATURE:  L. KOLMAN GREENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: June 16/99 (521) 241-3307
Daytime Phone #

FILED

99 JUN 23 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

June 16/99

Florida Dept of State
Division of Corporations

Re Harcor Inv. Inc.

Please find enclosed my 1999 Annual Report.
I am sending this form at this time because
as I notified your office in May I did
not receive the form before.

I apologise for not sending the form
which I received in May back to you
sooner but I had to go to Canada
for family health reasons.

Should you need to speak with
me I can be reached at (561) 241-3307

I thank you for your assistance
in the matter

Truly yours

