

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 638805 (2)**

1. Corporation Name  
**HARBOUR ISLAND INC.**

Principal Place of Business <b>424 KNIGHTS RUN AVE.                  TAMPA FL 33602                  US</b>	Mailing Address <b>300 BENEFICIAL CENTER                  PEAPACK NJ 07977                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/27/1979</b>	
21		26		4. FEI Number <b>51-0256917</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KERR, DAVID C.G.                  211 EAST MADISON STREET, 23RD FLOOR                  TAMPA FL 33602</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>D</b>	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASPERSEN, FINN M W</b>			12 NAME			
STREET ADDRESS	<b>301 N. WALNUT ST.</b>			13 STREET ADDRESS			
CITY-ST-ZIP	<b>WILMINGTON DE</b>			14 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEW J. BROAS</b>			22 NAME			
STREET ADDRESS	<b>200 BENEFICIAL CENTER</b>			23 STREET ADDRESS			
CITY-ST-ZIP	<b>PEAPACK NJ</b>			24 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHARLES D. BROWN</b>			32 NAME			
STREET ADDRESS	<b>200 BENEFICIAL CENTER</b>			33 STREET ADDRESS			
CITY-ST-ZIP	<b>PEAPACK NJ</b>			34 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHARLES H. WATTS</b>			42 NAME			
STREET ADDRESS	<b>301 N. WALNUT ST.</b>			43 STREET ADDRESS			
CITY-ST-ZIP	<b>WILMINGTON DE</b>			44 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARRIS, DAVID J.</b>			52 NAME			
STREET ADDRESS	<b>301 N. WALNUT ST.</b>			53 STREET ADDRESS			
CITY-ST-ZIP	<b>WILMINGTON NJ</b>			54 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HILLIER, J. ROBERT</b>			62 NAME			
STREET ADDRESS	<b>77 ALEXANDER ROAD</b>			63 STREET ADDRESS			
CITY-ST-ZIP	<b>PRINCETON NJ</b>			64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Charles D. Brown* **Charles D. Brown** 4/27/98 908 781-3381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Public # 0534059

CR2E034 (10/97)