


**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90015 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 711801</b>					
<b>1. Corporation Name</b> <b>HARBOR BEACH ISLAND FUND, INC.</b>					
<b>Principal Place of Business</b> 2190 S.E. 17TH STREET NO. 211 FT LAUDERDALE FL 33316			<b>Mailing Address</b> 2190 S.E. 17TH STREET NO. 211 FT LAUDERDALE FL 33316		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 11/15/1966	
<b>4. FEI Number</b> 59-1150526		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b> <input type="checkbox"/>			
<b>9. Name and Address of Current Registered Agent</b> RUPP, WILLIAM R. 2190 S.E. 17TH STREET #211 FORT LAUDERDALE FL 33316			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> AT <b>STREET ADDRESS</b> RUPP, WILLIAM R. <b>CITY-ST-ZIP</b> 2190 S.E. 17TH STREET FT LAUDERDALE FL 33316			<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> PD <b>STREET ADDRESS</b> ROSS, ANNETTE <b>CITY-ST-ZIP</b> 2543 LUCILLE DRIVE FT LAUDERDALE FL 33316			<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> D <b>STREET ADDRESS</b> LEVINE, STEPHEN <b>CITY-ST-ZIP</b> 36 ISLE BAHIA DRIVE FT. LAUDERDALE FL 33316			<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> O <b>STREET ADDRESS</b> Robert Ross Director <b>CITY-ST-ZIP</b> 2543 Lucille Drive Ft. Lauderdale, FL 33316			<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

**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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)