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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

734168 DOCUMENT #

(8)

HARBOR BRANCH INSTITUTION, INC.

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incipal Place of	Business	Mailing Address						
600 US 1 N	4946	5600 US 1 NORTH FT. PIERCE FL 34946	3					
FT. PIERCE FL 34946 US US		US			3. Date incorporated or Qualified 10/27/1975	3a. Date 0	of Last Re 5/01/199	5
Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-1644333		- +	plied For t Applicable
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75 Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	-
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangible ta	unders. 1	99.032,
	25	29	30		Florida Statutes 10. Name and Address of New F			
	9. Name and Address of Current	t Registered Agent		91 Name	14. 1141114 114			
HERMAN.	RICHARD J.		Ĺ		ress (P.O. Box Number is Not Acceptate	ole)		
5600 U.S. 1 NORTH FT. PIERCE FL 34946			83					
FI. MEHU	E FL 34340		\-	84 City			85 Zip	Code
				· ' _	ration submits this statement for the pure of directors. I hereby accept the app	<u>FL</u>		aintared office
or registered familiar with	, and accept the obligations or, deciding atture, typed or printed name of registered agent	t and little if applicable	Utes. (NOTE Registered	Agent signature require	and the condition	DATE		
or registered familiar with SIGNATURE	, and accept the obligations or, deciding atture, typed or printed name of registered agent	r and little if applicable ID DIRECTORS	utes.			DATE FICERS AND	DIRECTOR	S IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.0/(3)(k). 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 coath; 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.

SIGNATURE: