

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734168** (8)
1. Corporation Name
HARBOR BRANCH INSTITUTION, INC.



Principal Place of Business 5600 US 1 N FT. PIERCE FL 34946 US	Mailing Address 5600 US 1 NORTH FT. PIERCE FL 34946-7320 US
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3. Date Incorporated or Qualified 10/27/1975	3a. Date of Last Report 04/24/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1644333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HERMAN, RICHARD J.
5600 U.S. 1 NORTH
FT. PIERCE FL 34946**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	JOHNSON, J. SEWARD JR.	
STREET ADDRESS	66 BATTLE ROAD	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FARINACCI, STEPHEN M	
STREET ADDRESS	3208 MEMORY LN	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HEWITT, LOUIS R.	
STREET ADDRESS	25 WOLF PACK RD.	
CITY-ST-ZIP	MERCERVILLE NJ	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HERMAN, RICHARD J.	
STREET ADDRESS	108 18TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHAFER, CARL W.	
STREET ADDRESS	44 LAKE LANE	
CITY-ST-ZIP	PRINCETON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	585 32nd Avenue SW
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Stephen M. Farinacci* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Stephen M. Farinacci** 1/14/97 561-465-2400 Date Daytime Phone # 0070752

CR2E037 (9/96)