

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843825 (1)
1. Corporation Name
HARROW PRODUCTS, INC.

Principal Place of Business
2627 EAST BELTLINE, SE
GRAND RAPIDS MI 49546

Mailing Address
2627 EAST BELTLINE, SE
GRAND RAPIDS MI 49546-5837



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/01/1979	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		38-2266858	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT HOGAN, JOHN S. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2627 E BELTLINE SE	1.2 NAME	
STREET ADDRESS	GRAND RAPIDS, MI 0	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	CDP DUDLEY C. MECUM <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President and C.O.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2627 E BELTLINE SE	2.2 NAME	James S. Dahlke
STREET ADDRESS	GRAND RAPIDS MI	2.3 STREET ADDRESS	2627 E. Beltline SE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Grand Rapids, MI 49546
TITLE	VD OHRSTROM, GEORGE L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	540 MADISON AVE	3.2 NAME	
STREET ADDRESS	NEW YORK, NY 0	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD CALDER, DONALD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	540 MADISON AVENUE	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VS BETSY F. RAYMOND <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2627 E BELTLINE S.E.	5.2 NAME	
STREET ADDRESS	GRAND RAPIDS MI	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	AS MARDEN, JOHN N. <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V.P. and Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 PARK AVE.	6.2 NAME	Gary L. Humphreys
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	2627 E. Beltline SE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Grand Rapids, MI 49546

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
May 6, 97 (616) 942-1440
Date Daytime Phone #

CR2E034 (9/96)