

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F56483 (3)

1. Corporation Name
HARBOR INVESTMENTS, INC.

Principal Place of Business 4889-A TAMiami TRAIL CHARLOTTE HARBOR FL	Mailing Address 4889-A TAMiami TRAIL CHARLOTTE HARBOR FL
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2. Principal Place of Business 21 2177 Clairmont Street	2a. Mailing Address 26 2177 Clairmont Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Charlotte, FL	City & State 28 Port Charlotte, FL
Zip 24 33952	Country 25
Zip 29 33952	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1981	3a. Date of Last Report 01/31/1994
4. FEI Number 59-2338496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CUSTER, HARRY G. 621 CROSSFIELD CIR VENICE FL 34293	10. Name and Address of New Registered Agent 81 Name Maureen A. Custer 82 Street Address (P.O. Box Number is Not Acceptable) 2177 Clairmont Street 83 84 City Port Charlotte FL 85 Zip Code 33952
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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 Maureen A. Custer-President
(Signature, typed or printed name of registered agent and title, if applicable) (Date) (Registered Agent signature required when reappointing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME CUSTER, HARRY G	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 621 CROSSFIELD CIRCLE		1.2 NAME Custer, Maureen A.	
CITY, ST, ZIP VENICE FL		1.3 STREET ADDRESS 2177 Clairmont Street	
		1.4 CITY, ST, ZIP Port Charlotte, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Maureen A. Custer-President *Maureen A. Custer* 6-26-95
(Signature and typed or printed name of signing officer or director) (Date) (Signature) (Date)

FILED
95 JUL 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA