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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:13

DOCUMENT # **F93000004789 (4)**

1. Corporation Name
**HARRIS CHAPMAN & COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2940 BIARRITZ DR.~~ 19 Via Verona<br>PALM BEACH GARDENS FL ~~33410~~ 33418 | ~~2940 BIARRITZ DR.~~ 19 Via Verona<br>PALM BEACH GARDENS FL ~~33410~~ 33418 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/20/1993 | 3a. Date of Last Report: 03/22/1994 |
| 2. Principal Place of Business — 21: 19 VIA VERONA | 2a. Mailing Address — 26: 19 VIA VERONA |
| Suite, Apt. #, etc. — 22: | Suite, Apt. #, etc. — 27: |
| City & State — 23: PALM BEACH GARDENS, FL | City & State — 28: PALM BEACH GARDENS, FL |
| Zip — 24: 33418 / Country — 25: U.S.A. | Zip — 29: 33418 / Country — 30: U.S.A. |
| 4. FEI Number: 22-3255770 | ☐ Applied For ☐ Not Applicable |
| 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**

KRISTENSEN, RICHARD E
~~2940 BIARRITZ DR.~~ 19 Via Verona
PALM BEACH GARDENS FL ~~33410~~ 33418

**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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SORKIN, MICHAEL R | 1.2 NAME | |
| STREET ADDRESS | 15 KETCH ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MORRISTOWN NJ 07960 | 1.4 CITY-ST-ZIP | |
| TITLE | DVST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KRISTENSEN, RICHARD E | 2.2 NAME | |
| STREET ADDRESS | ~~2940 BIARRITZ DR.~~ 19 Via Verona | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL ~~33410~~ 33418 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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:** Richard E. Kristensen 1/20/95 1107/6946661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone)

0250428 CP