

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004789(4)

1. Corporation Name

Harris Chapman + Company

Principal Place of Business

103 Washington St.  
Morristown NJ  
07960

Mailing Address

19 Via Verona  
Palm Beach Gardens  
FLA 33418

2. Principal Place of Business

21 103 Washington St.

Suite, Apt. #, etc.

2a. Mailing Address

26 19 Via Verona

Suite, Apt. #, etc.

City & State

23 Morristown NJ

Zip

24 07960

Country

25 USA

City & State

28 Palm Beach Gardens

Zip

29 33418

Country

30 USA

3. Date Incorporated or Qualified

10/20/93

3a. Date of Last Report

1995

4. FEI Number

22-3255770

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X Yes □ No

9. Name and Address of Current Registered Agent

Richard Kristensen  
19 Via Verona  
Palm Beach Gardens FLA  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME Michael Sorkin  
STREET ADDRESS 15 Ketch Rd  
CITY-STATE-ZIP Morristown NJ 07960

□ DELETE

2.1 TITLE  
NAME Richard Kristensen  
STREET ADDRESS 19 Via Verona  
CITY-STATE-ZIP Palm Beach Gardens FL 33418

□ DELETE

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

□ DELETE

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

□ DELETE

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

□ DELETE

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

□ Change □ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

□ Change □ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

□ Change □ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

□ Change □ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

□ Change □ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

□ Change □ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

900001881289  
-07/02/96--01046--001  
\*\*\*233.75

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)(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 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 Kristensen

6/19/96

561-694-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)