

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:27

DOCUMENT # **H36203** (8)

1. Corporation Name  
**COLLEGE HARBOR, INC.**

Principal Place of Business: **4600 54TH AVE. S. ST. PETERSBURG FL 33711-4640**  
Mailing Address: **4600 54TH AVE. S. ST. PETERSBURG FL 33711-4640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1984**  
3a. Date of Last Report: **03/01/1994**  
4. FEI Number: **59-2496455**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**FISHER & SAULS, P.A.  
100 SECOND AVE., S.  
SUITE 701  
ST. PETERSBURG FL 33701**

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 607.09(2) and 607.15(8), 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 607.09(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Corporation Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>DP VON WERSEBE, KARSTEN B</b>	12.2 STREET ADDRESS: <b>5090 EXPLORER DR MISSISSAUGA ONTARIO</b>	13.1 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: <b>VST WAYNE J. NEWELL</b>	12.4 STREET ADDRESS: <b>4600 54TH AVE. SO. ST. PETERSBURG FL</b>	13.2 NAME: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____	12.6 STREET ADDRESS: _____	13.3 NAME: <b>ST GEOFFROY KENRICK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.4 NAME: <b>4600 54th Ave S.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.5 NAME: <b>ST. PETERSBURG, FL 33711</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.6 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____	12.14 STREET ADDRESS: _____	13.7 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information indicated on the 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 make up this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE: *Wenell - Assistant Director* **5/17/95** **866.3124**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR