
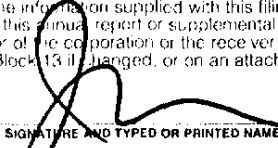


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # H65901 (1) 1. Corporation Name Harbor Isles Development Corporation | | | |
| Principal Place of Business 101 N. Plumosa St. Merritt Island, FL 32954-0548 | | Mailing Address 980 N. Federal Highway Boca Raton, FL 33432-2704 | |
| 2. Principal Place of Business 21 State App #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date Incorporated or Qualified 07/10/1985 | | 3a. Date of Last Report 02/21/96 | |
| 4. FEI Number 59-2757636 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent Kamratt, Russell T. 777 S. Flagler Drive Suite 900, Phillips Point Tower East West Palm Beach, FL 33401 | | 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: Russell T. Kamratt (Type or print name of registered agent and the filer, if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE | | | |
| 12. OFFICERS AND DIRECTORS 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP 11.5 TITLE 11.6 NAME 11.7 STREET ADDRESS 11.8 CITY - ST - ZIP 11.9 TITLE 11.10 NAME 11.11 STREET ADDRESS 11.12 CITY - ST - ZIP 11.13 TITLE 11.14 NAME 11.15 STREET ADDRESS 11.16 CITY - ST - ZIP 11.17 TITLE 11.18 NAME 11.19 STREET ADDRESS 11.20 CITY - ST - ZIP 11.21 TITLE 11.22 NAME 11.23 STREET ADDRESS 11.24 CITY - ST - ZIP 11.25 TITLE 11.26 NAME 11.27 STREET ADDRESS 11.28 CITY - ST - ZIP 11.29 TITLE 11.30 NAME 11.31 STREET ADDRESS 11.32 CITY - ST - ZIP 11.33 TITLE 11.34 NAME 11.35 STREET ADDRESS 11.36 CITY - ST - ZIP 11.37 TITLE 11.38 NAME 11.39 STREET ADDRESS 11.40 CITY - ST - ZIP 11.41 TITLE 11.42 NAME 11.43 STREET ADDRESS 11.44 CITY - ST - ZIP 11.45 TITLE 11.46 NAME 11.47 STREET ADDRESS 11.48 CITY - ST - ZIP 11.49 TITLE 11.50 NAME 11.51 STREET ADDRESS 11.52 CITY - ST - ZIP 11.53 TITLE 11.54 NAME 11.55 STREET ADDRESS 11.56 CITY - ST - ZIP 11.57 TITLE 11.58 NAME 11.59 STREET ADDRESS 11.60 CITY - ST - ZIP 11.61 TITLE 11.62 NAME 11.63 STREET ADDRESS 11.64 CITY - ST - ZIP 11.65 TITLE 11.66 NAME 11.67 STREET ADDRESS 11.68 CITY - ST - ZIP 11.69 TITLE 11.70 NAME 11.71 STREET ADDRESS 11.72 CITY - ST - ZIP 11.73 TITLE 11.74 NAME 11.75 STREET ADDRESS 11.76 CITY - ST - ZIP 11.77 TITLE 11.78 NAME 11.79 STREET ADDRESS 11.80 CITY - ST - ZIP 11.81 TITLE 11.82 NAME 11.83 STREET ADDRESS 11.84 CITY - ST - ZIP 11.85 TITLE 11.86 NAME 11.87 STREET ADDRESS 11.88 CITY - ST - ZIP 11.89 TITLE 11.90 NAME 11.91 STREET ADDRESS 11.92 CITY - ST - ZIP 11.93 TITLE 11.94 NAME 11.95 STREET ADDRESS 11.96 CITY - ST - ZIP 11.97 TITLE 11.98 NAME 11.99 STREET ADDRESS 11.100 CITY - ST - ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY - ST - ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY - ST - ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY - ST - ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY - ST - ZIP 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY - ST - ZIP 12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY - ST - ZIP 12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY - ST - ZIP 12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY - ST - ZIP 12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY - ST - ZIP 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY - ST - ZIP 12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY - ST - ZIP 12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY - ST - ZIP 12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY - ST - ZIP 12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY - ST - ZIP 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY - ST - ZIP 12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY - ST - ZIP 12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY - ST - ZIP 12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY - ST - ZIP 12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY - ST - ZIP 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY - ST - ZIP 12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY - ST - ZIP 12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY - ST - ZIP 12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY - ST - ZIP 12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY - ST - ZIP | |
| 14. I 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:  John Marino 4-22-97 (561) 892-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |

CR2E034 (9/96)