

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

FILED

**Feb 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H70321

(5)

1. Corporation Name
HARONITIS & ASSOCIATES, INC.



Principal Place of Business
**C/O DEPT. OF FINANCE AND CORP. ADMIN.
163 IDEMA ROAD
MARKHAM, ONTARIO, CANADA L3R 1A9
OC**

Mailing Address
**C/O DEPT. OF FINANCE AND CORP. ADMIN.
163 IDEMA ROAD
MARKHAM, ONTARIO, CANADA L3R
OC**

3. Date Incorporated or Qualified **08/08/1985** 3a. Date of Last Report **02/14/1996**
4. FEI Number **59-2566053** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLON, EDUARDO N
1215 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301**

**PLEASE-OBSERVE
CHANGE
OF ADDRESS-ONLY
N.H.**

81 Name **COLON, EDUARDO N.**
82 Street Address (P.O. Box Number is Not Acceptable) **10031 PINES BOULEVARD**
83 **SUITE 238**
84 City **PEMBROKE PINES** FL 85 Zip Code **33024**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARONITIS, NIKOS S	
STREET ADDRESS	521 RUNNYMEDE ROAD	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARONITIS, NIKOS S	
STREET ADDRESS	521 RUNNYMEDE ROAD	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARONITIS, EMMANUEL	
STREET ADDRESS	521 RUNNYMEDE ROAD	
CITY - ST - ZIP	TORONTO, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGNUSON, HENRY A	
STREET ADDRESS	14 OAKWOOD ROAD	
CITY - ST - ZIP	CAPE ELIZABETH ME	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: NIKOS S. HARONITIS **JANUARY 9, 1997** 905-474-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NIKOS S. HARONITIS, PRESIDENT

CR2E034 (9/96)