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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H72394 1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90130 042 ***150.00

HARBOH	AGE DEVELOPMENT COMP	PANY, INC.					 		
Principal Place	of Business	Mailing Address			1 10011011	1 12010 11808 11116 1811	(BIB! BIB!! #40	*************	
5900 ENTERPRISES PARKWAY FT MYERS FL 33905 5900 ENTERPRISES PARKWAY FT MYERS FL 33905						DO NOT WRITE	E IN THIS S	SPACE	
					3. Date Incorpora	ated or Qualifed			
					08/16/1985	j			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			App	olied For
21		26			<u>59-256943</u>	<u> </u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	tatus Desired	□ . _.	\$8.75 A	
~ City & State	3	City & State			6. Election Camp	naion Financino		\$5.00	May Re
23		28		<u> </u>	Trust Fund Co		· 🗆	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation			ngible	ed
24	25	29	30		Personal Prop				125No
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Ad	dress of New Re	egistered A	gent	
RHM	DSCHU, CHRIS		,	oi Name					
	ENTERPRISE PKWY			82 Street Add	lress (P.O. Box Numb	er is Not Acceptat	ble)		
1	IYER\$ FL 33905			83					
''"	112110 12 00000			43					
				84 City			FL	85 Zip C	ode
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508. Florida S	statutes, the a	oove-named corp	poration submits this s	tatement for the	umose of o	hanging its	registered
office or re agent. I ar	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wittons of, Section 607.0505	vas authorized 5, Florida Stati	by the corporation testing the corporation to the corporation of the c	ion's board of director	s. I hereby accept	t the appoin	tment as reg	gistered
l .									
SIGNATURE	***************************************		MOTE Desisters	A - A - Construe - Construe	and in the projectorion		DATE		\
	Signature, typed or printed name of registered agen			Agent signature require		ANGES TO OFF	DATE	D DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. ID DIRECTORS	13.			HANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	LE		HANGES TO OFF			
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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 of 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 so an attaching int with an address, with all other like empowered.

SIGNATURE:

GAYLE BUNDSCHU