


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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H90032 (4)
1. Corporation Name
HARB INTERNATIONAL CORPORATION



Principal Place of Business 3511 US 19 NORTH #101 PALM HARBOR FL 33684 US	Mailing Address P.O. BOX 261177 TAMPA FL 33685-1177 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6710 BENJAMIN ROAD Suite, Apt. #, etc. 22 # 600 City & State 23 TPA, FL. Zip 24 33634		2a. Mailing Address 26 6710 BENJAMIN ROAD Suite, Apt. #, etc. 27 # 600. City & State 28 TPA, FL. Zip 29 33634		3. Date Incorporated or Qualified 12/16/1985	
				4. FEI Number 59-2637573	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARB, BESHARA 7600 HANLEY ROAD TAMPA FL 33634				10. Name and Address of New Registered Agent 81 Name HARB, BESHARA 82 Street Address (P.O. Box Number is Not Acceptable) 6710 BENJAMIN ROAD 83 SUITE # 600 84 City TPA FL 85 Zip Code 33634	

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 date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARB, BESHARA			1.2 NAME	HARB, BESHARA		
STREET ADDRESS	3511 US 19 NORTH			1.3 STREET ADDRESS	6710 BENJAMIN ROAD SUITE # 600		
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP	TAMPA, FL. 33634		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARB, BESHARA			2.2 NAME			
STREET ADDRESS	3511 US 19 NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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:

B. D. HARB

4/21/98

CR2E034 (10/97)