

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J70168** (6)

1. Corporation Name

HARBOUR BAY TRADING COMPANY



Principal Place of Business

Mailing Address

1126 S. FEDERAL HWY SUITE 250
FT. LAUDERDALE FL 33316

~~4126 S. FEDERAL HWY SUITE 250
FT. LAUDERDALE FL 33316~~

3. Date Incorporated or Qualified **04/29/1987** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business
21 **3230 Hidden Hollow Ln** 2a. Mailing Address
26 **3230 Hidden Hollow Ln**
Suite, Apt. #, etc.

4. FEI Number **65-0002082** Applied For
Not Applicable

22 City & State
23 **DAVIE FL** 27 City & State
28 **DAVIE FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **33328** 25 **Broward** 29 **33328** 30 **Broward**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAHAM, SAMUEL
1350 RIVER REACH DR #407
FT. LAUDERDALE FL 33315**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3230 Hidden Hollow Ln
83
84 City **DAVIE FL** 85 Zip Code **33328**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, SAMUEL	1.2 NAME	
STREET ADDRESS	1350 RIVER REACH DR #407	1.3 STREET ADDRESS	3230 Hidden Hollow Ln
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	DAVIE FL 33328
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel Abraham **SAMUEL ABRAHAM** **2/25/96** **305 463-0600**

CR2E034 (12/95)