SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

(9)

**FILED** Sep 03 1998 8:00am Secretary of State

HARBUR EQUITES	, INC.					
Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address		<u> </u>		04011 01030 01011 04011 01011 01013 1001
   6500 Manatee Avenue West		6500 MANATEE AVENUE	WEST			
BRADENTON FL 34209  BRADENTON FL 34209					20.007.002.00	THE STREET
					DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
					04/30/1987	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For
21		26			36-2801237	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	27				3. Certificate of Status Desired	Fee Required
City & State	_	City & State			6. Election Campaign Financing	¬ \$5.00 May Be
23	28				Trust Fund Contribution L	Added to Fees
Zip	Country	Zip □	Countr	y	8. This corporation owes or has paid the	
24 25	29 nd Address of Current Reg		30	<del></del> .	Personal Property Tax due June 30.  10. Name and Address of New Regist	
	······································	interest of the little	8	Name	10. Haille and Addiess VI Non Regist	olog Mant
DOMES, GERALD J						
BRADENTON FL 34209			82	Street Address (P.O. Box Number is Not Acceptable)		
DIMDERIOR PL	JTEU0		83	<del> </del>		
						· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85 Zip Code
12.	OFFICERS AND DIF	RECTORS	13.	-Bour siBustone sade	ADDITIONS/CHANGES TO OFFICE	
NAME BOWFS, GF	:DAID I	L DELETE	1.1 TITLE			Change Addition
		1.2 NAME	TADDRESS			
I	EACH FL 34217		1.4 C/TY-5			
TITLE TIQUELO DI	STOTE L OTE II	DELETE	2.1 TITLE	17211		Change Addition
NAME		OCCLETE	2.2 NAME			C Supulde C Monitori
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			2.4 CITY-S	J		_
TITLE		DELETE	31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP	···		3.4 CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE	.		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			■ 5.3 STREE	TADDRESS		
CITY-ST-ZIP						
TITLE		7	5.4 CITY-S	T-ZIP		
TITLE NAME	·	DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		Change Addition

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.