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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74407

(3)

HARRIS AND HARRIS ASSOCIATES, INC.

FILED Apr 22 1997 8:00am Secretary of State



Principal Pract 202 CV 4600 A1A SOU ST. AUGUSTIN US		Mailing Addre 202 CV 4600 A1A SOU ST. AUGUSTIN US	ЛН	9478		3. Date Incorporated or Qualified 03/22/1989	3a. Date of L	ast Report
2. Principal F	face of Husiness	2a, Mailing Ad	ddress			4. FEI Number	1 00/0 // 10	Applied For
21		26				59-2385844	<u> </u>	Not Applicable
Suite, Apt	#, etc.	Suite, Apt	#, etc.				□ \$8.	75 Additional
22		27				5. Certificate of Status Desired		e Required
City & Stat	to	City & Sta	ite			8. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution		ided to Fees
Zφ	Country	Zip		Counti	у	8. This corporation has liability for in		der s. 199.032,
24	25	29		30			Yes No	
	Name and Address of Curren	t Registered Ager	nl		1	10. Name and Address of New Re-	gistered Agent	
	RRIS, DOROTHY M			8.	Name			
202				8:	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	O A1A SOUTH			1			····	
ST.	AUGUSTINE FL 32084			8:	'			
				8	City		85	Zip Code
				l_	1. '		FL	
THEF NAV. STREET ADDRESS OPV - S1 - 200	C Harris, David M 202 CV - 4600 A1A SOUTH St Augustine FL 32084) DELETE	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY	ET ADORESS		[] Ch	ange [] Addition
lekf	P		DELETE	21 THTLE	· · · · · · · · · · · · · · · · · · ·	***************************************	Ch	arge Addition
NAME	HARRIS, DOROTHY M			2.2 NAMI				
STREET ADDRESS	202 CV-4600 A1A SOUTH			2.3 STRE	T ADDRESS			
CHY ST Ziệ	ST. AUGUSTINE FL 32084			2. 4 CITY	· ST - ZIP			
TULF	D	.	DELETE	3.1 TITLE			Ch	ange 🔲 Addition
NAME	HARRIS, DOROTHY A			3.2 NAMI	. [
STREET ADDRESS	202 CV - 4600 A1A SOUTH			33 STRE	ET ADDRESS			
C. TY - ST - 24P	ST. AUGUSTINE FL 32084		·	3.4. CITY			····	
11111) DELETE	4.1 TITLE	.		☐ Ch	ange
MW.				4. 2 NAM	F			
STREET ADDRESS				4.3 STRE	ET ADDRESS			
CITY ST-7P			T	4.4 CITY				
1004		L_] DELETE	5 1 TITLE	l l		L. Ch	ange L. Addition
NAM:				5.2 NAM				
STREET ADORESS				5.3 STRE	ET ADDRESS			
CHY SI-ZIF			1 00: 000	5.4 CITY		<u> </u>	T	
TITLE] DELETE	6.1 TITLE	ł		Ĺ ☐ Ch	ange [_] Addition
NAME				62 NAM				
STREET ADDRESS					ET ADDRESS			
CITY ST-7IP	1			6.4 CITY	ST-ZIP		····	

4. 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 it 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:

4-11

904-808-8695