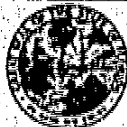


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:52

DOCUMENT # K83662

(2)

1. Corporation Name

NEW HARBOR, INC.

Principal Place of Business

% MICHAEL A. SCHROEDER
1705 S FEDERAL HWY
DELRAY BCH FL 33483
US

Mailing Address

1705 S. FEDERAL HWY
A-3
DELRAY BEACH FL 33483
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/26/1989

3a. Date of Last Report
02/21/1994

4. FEI Number
65-0124853

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONITATIBUS, PETER N
185 NW SPANISH RIVER BLVD #120
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1515 N. FEDERAL HWY. SUITE 222

83

84 City
BOCA RATON

FL

85 Zip Code
33432

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

TITLE	D
NAME	SHARON, JAMES A.
STREET ADDRESS	8625 TWIN LAKE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	RUSSELL, MORGAN N
STREET ADDRESS	4545 COQUINA ROAD
CITY-ST-ZIP	OCEAN RIDGE FL
TITLE	D
NAME	RIEKSE, DAVID M., JR.
STREET ADDRESS	325 S.E. 7TH AVE.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	MACCARTEE, CARL C.
STREET ADDRESS	5137 VAN NESS ST. NW
CITY-ST-ZIP	WASHINGTON DC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95

Date

Daytime Phone #