

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: 04/26/1989  
3a. Date of Last Report: 03/13/1995  
4. FEIN Number: 65-0124853  
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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent: BONITATIBUS, PETER N, 1515 NORTH FEDERAL HWY, SUITE 222, BOCA RATON FL 33432  
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature must be typed or printed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SHARON, JAMES A. STREET ADDRESS: 8625 TWIN LAKE DR. CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	
TITLE: D	NAME: RUSSELL, MORGAN N STREET ADDRESS: 4545 COQUINA ROAD CITY-ST-ZIP: OCEAN RIDGE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: RIEKSE, DAVID M., JR. STREET ADDRESS: 325 S.E. 7TH AVE. CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: MACCARTEE, CARL C. STREET ADDRESS: 5137 VAN NESS ST. NW CITY-ST-ZIP: WASHINGTON DC	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: \_\_\_\_\_ Date: 3/19/96 Dated: 407 243-3666

CR2E034 (12/95)