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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # K97544 (6)

1. Corporation Name

W. H. HARRIS ENTERPRISES, INC.

Principal Place of Business Mailing Address

% BRUCE R. DOOLEY  
1493 S.E. 17TH ST.  
FT. LAUDERDALE FL 33316

% BRUCE R. DOOLEY  
1493 S.E. 17TH ST.  
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |                                                                                         |                                                                     |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21                             |  | 26                  |  | 06/22/1989                                                                              | 04/26/1994                                                          |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                                                           | Applied For                                                         |
| 22                             |  | 27                  |  | 65-0128029                                                                              | Not Applicable                                                      |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 23                             |  | 28                  |  | <input type="checkbox"/>                                                                | \$5.00 May Be Added to Fees                                         |
| Zip                            |  | Country             |  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/>                                            |
| 24                             |  | 25                  |  | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 26                             |  | 29                  |  | 10. Name and Address of New Registered Agent                                            |                                                                     |

DOOLEY, BRUCE R.  
1493 S.E. 17TH ST.  
FT. LAUDERDALE FL 33316

82 Street Address (P.O. Box Number is Not Acceptable)  
500 SE 17th Street

83

84 City Ft. Lauderdale FL 85 Zip Code 33316

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 reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOOLEY, BRUCE R.   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1493 S.E. 17TH ST. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | FT. LAUDERDALE FL  | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                    | 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                      |                    | 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                      |                    | 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                      |                    | 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                      |                    | 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 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 this 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 no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 527-9355