FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L26426** **(1)**

1. Corporation Name

HARBOR RESTAURANTS, INC.

Principal Place of Business	Mailing Address
% H BART FLEET 1201 N. EGLIN PARKWAY SHALIMAR FL 32579	P.O. BOX 819 DESTIN FL 32540 US

3. Date Incorporated or Qualified: **10/31/1989**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21: ~~400~~ 320 HIGHWAY 98 E.
Suite, Apt. #, etc.
22: DESTIN YACHT CLUB
City & State
23: DESTIN FLORIDA
Zip 24: 32541 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **59-3032215** ☐ 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

9. Name and Address of Current Registered Agent

FLEET, H. BART
1201 N. EGLIN PARKWAY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 required for printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTAMURA, JAMES M		1.2 NAME		
STREET ADDRESS	404 HIGHWAY 98 E		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ALTAMURA, JAMES MICHAEL		2.2 NAME	PAUL OWENS	
STREET ADDRESS	404 HIGHWAY 98 E.		2.3 STREET ADDRESS	106 ALEXANDER AVE.	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	BREWTON, AL. 36426	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added in an attachment with an address.

SIGNATURE: J. M. Altamura 4/6/96 904/8377960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #