## 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 # L26426

(1)

HARBOR RESTAURANTS, INC.

FILED
May 02 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address									
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		P.O. BOX 819 DESTIN FL 32540-0819	P.O. BOX 819 DESTIN EL 22540.0010						
DESTIN FL 325		US							
US						3. Date Incorporated or Qualified	3a. Date of Last	Report	
						10/31/1989	04/11/1996		
	lipal Place of Business 28. Mailing Address				4. FE! Number Applied For				
Suite, Apt.	# oto	26				59-3032215 Not Applic			
22	#, <del>0</del> 10.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
City & State	A	City & State				Fee Required			
23	-	28	<u> </u>			6. Election Campaign Financing \$5.00 May  Trust Fund Contribution Added to Fee			
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in	7,0000	to Fees	
24	25	29	30	<b>⊢</b> ¬ ′			Yes No	s. 199.032,	
	9, Name and Address of Curre					10. Name and Address of New Reg			
FLES	ET, H. BART			81	Name		· · · · · · · · · · · · · · · · · · ·		
	I N. EGLIN PARKWAY		-	82	Stroot Addre	ess (P.O. Box Number is Not Acceptable	2		
	LIMAR FL 32579			J2	Ondoi Mudit	been to the normal research and Acceptable	e)		
1.5	•			83					
				84	City		las las	Orde	
				- 1	-			Code	
11. Pursuant t	to the provisions of Sections 607,050	02 and 607.1508, Florida Sta	lutes, the ab	ove-	named corpo	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing	its registered	
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505,	Flonda Statu	i by ites.	the corporation	on's board or directors. I hereby accept	the appointment as	s registered	
SIGNATURE								1	
12.	Signature, typed or printed name of registerio ac	IO DIRECTORS (N		Agen	it signature require	d when reinstating)	DATE	55 10. 15	
TITLE	P	DELETE	13. 11100	<b>L</b>	<del></del>	ADDITIONS/CHANGES TO OFFICE	HS AND DIRECTO  Change	RS IN 12	
NAME	ALTAMURA, JAMES M	_ viii i	12 NAN				. L. Change	E ADUITOII	
STREET ADDRESS	404 HIGHWAY 98 E				ADDRESS				
CITY-ST-ZIP	DESTIN FL		1.4 DiT						
TITLE	8	DELFTE	2.1 THI		<u>'"                                    </u>		Change	Addition	
NAME	OWENS, PAUL	<del></del>		ΜĖ					
STREET ADDRESS	400 ALEVANDED AVENUE		2.3 S1R	≵E1 Α	ADDRESS				
CITY-ST-ZIP	BREWTON AL		2. # CIT	IY - \$1	- 7(P				
TITLE		DELETE	3.1 1111	LE			Change	Addition	
NAME			3.2 NAN	٧ŧ					
STREET ADDRESS			3.3 STR	REELA	DDRESS				
CITY-ST-ZIP			3.4. CIT		. ZIP		<u> </u>		
TITLE		DELETE	4.1 TITL	.ŧ			☐ Change	Addition	
NAME			4. 2 NAI						
STREET ADDRESS			4 3 S1H	A 133	ODRESS				
CITY-ST-ZIP		T for Leve		4.4 CITY-ST-7IP					
TITLE		DEFELE		5.1 HILE			L Change	Addition	
NAME STORET ADDORSS			5.2 NAN						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY		- ZIP		Observe	A datase	
NAME		L) DELCTE	61 1111				Change	☐ Addition	
STREET ADDRESS			6.2 NAN		Dani ce				
CITY-ST-ZIP					DORESS				
	w certify that the information currylic	A national designation of the second	6.4 C(1)	Y-SI-	ZII'	- C			

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 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 33 (changes, 5 gn an attachment with an address.