ッ = F社E NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90042 009 ***150.00

i. Corporation	MENT # L43008 HARBOR, INC.				
Principal Place	e of Business	Mailing Address		F IMMINISTE WIT BINNED THIS MOUSE BOLDS INCL. MINNI	Bibli minit árbri hibit genit inni
3201 STATE RD 84 3201 STATE RD 84					
FT LAUDERDAL	E FL 33312	FT LAUDERDALE FL 33312		DO NOT WRITE IN THI	e epare
				3. Date Incorporated or Qualifed	3 SF AGE
				01/11/1990	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	1200 0. 000,1000	26		65-0230149	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I Personal Property Tax.	ntangible ☐Yes ☐No
24	9. Name and Address of Curren	29 30		10. Name and Address of New Registere	
	9. Name and Address of Curren	it Kegisterau Again	81 Name	To. Hamb and Addition of the Hospital	
KLIN	ie, sydney			(D.O. Davidsonia Ned Accordable)	
3201 STATE RD 84			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33312			83		
			24 67		85 Zip Code
			84 City	F	L 85 Zip Code
dfice or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was suit	orized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as registered
	Signature, typed or printed name of registered age		egistered Agent signature require		ND DIDECTORS IN 12
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PD BOREOT	☐ herese	1.1 TITLE		
NAME	ROSCIOLI, ROBERT 3201 STATE RD 84		1.2 NAME		
STREET ADDRESS	FT LAUDERDALE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	STD	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	ROSCIOLI, SHARON		2.2 NAME		
STREET ADDRESS	3201 STATE RD 84		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 City-ST-ZiP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	KLINE, SYDNEY		3.2 NAME		
STREET ADDRESS	3201 STATE ROAD 84		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-\$T-ZIP		
TITLE		☐ DELETE	4.1 T/TLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		. Change Addition
) דוד ו ב	}	☐ DELETE	5.1 TITLE		.□ cuanda □ vongou i
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-Z/P		·
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	1		= ···		

CITY-ST-ZIP 14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

QUIR Secretary/Treasurer

4/7/99

954-581-9200