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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L74570 **DOCUMENT #**

HARRIS HOMES, INC.

Mailing Address



Principal Place o	of Business	Mailing Address	Mailing Address					
9873 NW 28 PLACE CORAL SPRINGS FL 33065			9873 NW 28 PLACE CORAL SPRINGS FL 33065					
					3. Date Incorporated or Qualified 05/21/1990	3a. Date of 05	Last Re /01/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21	oc o Baarress	26			65-0191821		N	lot Applicable
Stute, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional
2		27			5. Gertingate o Gertal Desired		Fee F	Required
Crty & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	<u></u>		Trust Fund Contribution			to Fees
Zip Country		Zip	· •		8. This corporation has liability for i		under s	199.032,
24	25	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New H	egistered Ag	leur	
			•					
	S, WILLIAM R.		82 Street Add		ress (P.O. Box Number is Not Acceptab	ile)		-
	W 28TH PLACE		8	3				
CORAL	. SPRINGS FL 33065		•	3				
			8	4 City		FL	85 Zu	Code
	· · · · · · · · · · · · · · · · · · ·				oration submits this statement for the pur		ning ite r	noistared office
familiar with	h, and accept the obligations of, Sec	tion 607.0505, Florida Statuti	es.		and of directors. I hereby accept the app	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12
TITLE	PST	□ DELETE	1 1 11/1	E			Change	☐ Addition
NAME	HARRIS, WILLIAM R.		1.2 NAM	IF				
STREET ADORESS	9873 NW 28TH PLACE		135788	EET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY	-ST-ZIP				
TOLE	D	DELETE		.t			Change	☐ Addition
NAME	HARRIS, WILLIAM R.		2.2 NAM	·E				
STHEFT ADDRESS	9873 NW 28TH PLACE		2 3 STRI	EET ADDRESS				
CITY - ST- ZIP	CORAL SPRINGS FL		2.4 C/TY	-ST-ZIP				
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City-St ZiF			3.4 CiTY	r-ST-ZIP				
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NAME			4.2 NAN	/E				
STREET ADDRESS			4.3 STA	EET ADDRESS				
City-St-7.P			4.4.0(1)	r-\$1-7I₽				
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NAME			5 2 NAN	₫ê				
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City - St - ZiF				Y-ST ZIP				
TITLE					_ · · · · · · · · · · · · ·		Change	Addit on
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NAME		☐ DELETE	6 1 1 IT 6 2 NAM			L	Change	Notice
NAME STREET ADDRESS		☐ DELEKE	6.2 NAN	VE .		L	Change	
NAME SPREET ADDRESS CHY-ST-ZP		CD DELETE	6 2 NAM 6 3 STR			L	Guange	

receitly that the information indicated on this armual report is 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.

Dayline Ptone #