FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M40393

DAVID E. HARRIGAN & ASSOCIATES, INC.

FILED Jan 31 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Add	dress				_					
Principal Place of Business 1350 S. POWERLINE RD. POMPANO BEACH FL 33069 US		1350 S POW #107 POMPANO E	1350 S POWERLINE RD. #107 POMPANO BEACH FL 33069-4330									
		US					3.	Date Incorporated or Qualified 10/22/1986		ate of Last R 19/1996	eport	
2. Principal PI	ace of Business	2a. Mailing Address				4.	FEI Number			oplied For		
21			Suite, Apt. #, etc.					59-2739024			ot Applicable Additional	
Suite, Apt #, etc.		ļ ₁	27				5.	Certificate of Status Desired			equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be						
23		28					Trust Fund Contribution					
Zip Country		Zip	├─┐ ' ├── ¶			Country		8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes No				
24	25 g. Name and Address of Curre	29		30			10	Florida Statutes Name and Address of New Reg				
HARRIGAN, DAVID E.						Name	:0,	, 1721/10 2012 1721				
) S. POWERLINE ROAD			ļ.,	82	Ot A d d	//	D.O. Day Number in Not Assessable	101		 	
	E 107					Street Add	1985 (1	P.O. Box Number is Not Acceptab	.e)			
	PANO BEACH FL 33069			Ī	63							
			64	City	•		FL	85 Zip	Code			
office or ri agent. I ai	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such	change was a	uthorized	lbν	the corporal	ooration's	on submits this statement for the p board of directors. I hereby accep	urpose o	f changing i	ts registered registered	
SIGNATURE	Signature hypera or printed name of registered a	gent and title if applicable	e. (NOTI	E: Registered	Age	nt signature requi			DATE		***************************************	
12.		ND DIRECTORS	Dec err	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12	
THTLE	DP					1.1 TITLE					MODITION	
NAME	HARRIGAN, DAVID E. 3500 GALT OCEAN DR		· ·		1.2 NAME 1.3 STREET ADDRESS							
STREET ADDRESS City-St-Zip	FT. LAUDERDALE FL											
TITLE	11. CAPPLIBACE IS					1.21			······································	Change	☐ Addition	
NAME			2.2 NA	2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRESS	3					2.3 STI		,				
CITY-ST-ZIP				2. 4 Cf	TY-S	ST-ZIP			- فينا			
TITLE			DELETE	3111						Change	Addition	
NAME				3.2 NA								
STREET ADDRESS				3.3 STREET ADDRESS								
CITY-ST-2IF					3.4. CITY - ST - ZIP 4.1 TITLE					Change	Addition	
TITLE NAME			L.J DECETE	4.13(1LC						on any o	The Production	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				4.4 CIT								
TULE			DELETE	5.1 (1)						Change	Addition	
NAME				5 2 NA								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				54 CI		<u> </u>						
TITLE			DELETE	61 TIT						Change	Addition	
NAME 1				62 NA	ME							

63 STREET ADDRESS

6.4 CITY+ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)Xi), 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 disporation 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 changed, or on an attachment with an address.

SIGNATURE: