


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 039 \*\*\*150.00

<b>DOCUMENT # M43642</b> 1. Entity Name <b>MARKS HARRIS CORPORATION</b>					
Principal Place of Business <b>9264 VISTA DEL LAGO (24A)</b> <b>BOCA RATON, FL 33428</b>			Mailing Address <b>9264 VISTA DEL LAGO (24A)</b> <b>BOCA RATON, FL 33428</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>HARRIS, H. D.</b> <b>9264 VISTA DEL LAGO #24-A</b> <b>BOCA RATON, FL 33428</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number <b>59-2758592</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input type="checkbox"/> Not Applicable	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRIS, HAROLD D. 9264 VISTA DEL LAGO BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harris, Harold D. 9264 Vista Del Lago Boca Raton, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, RUTH A. 9264 VISTA DEL LAGO BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Maureen H. Berkowitz 10145 S.W. 71 Ave. Pinecrest, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT M. Joel Harris 33 Christy Lane Springfield, NJ 07081	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>H. D. Harris</i>			August 2, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			305-579-0685		

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