SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:47

DOCUMENT # **M57043** **(5)**

1. Corporation Name

HARBOR BAY TRADING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 820982 SOUTH FLORIDA FL 33082-0982	721 N.W. 197TH AVE. PEMBROKE PINES FL 33029 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1987
3a. Date of Last Report: 06/02/1994

21 2. Principal Place of Business: 721 NW 197 AVE
26 2a. Mailing Address:
4. FEI Number: 59-2833580 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc:
27 Suite, Apt. #, etc:
5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required

23 City & State: PEMBROKE PINES FL
28 City & State:
6. Electronic Compliance Reminder / Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 33024 25 Country: USA
29 Zip: 30 Country:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, ROBERT 721 N.W. 197TH AVE. PEMBROKE PINES FL 33029	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, AND/OR DELETIONS	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	POWELL, ROBERT	12 NAME	
STREET ADDRESS	721 NW 197 AVENUE	13 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E004 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert M Powell ROBERT M POWELL 4/24/95 305-933-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000M43 OP