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PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # M88192 (3)

1. Corporation Name

M. HARRIS & COMPANY, INC.



Principal Place of Business

Mailing Address

% MARSHALL S. HARRIS
309 N BELCHER RD. 3005 S.R. 590
CLEARWATER FL 34625 Ste. 200
34619

% MARSHALL S. HARRIS
309 N BELCHER RD. 3005 S.R. 590
CLEARWATER FL 34625 Ste. 200
34619

3. Date Incorporated or Qualified
07/01/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3005 SR 590

26 3005 SR 590

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 CLEARWATER, FL

28 CLEARWATER, FL

Zip

Country

Zip

Country

24 34619

25 FL

29 34619

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, MARSHALL S.
309 N BELCHER DR.
CLEARWATER FL 34625

81 Name MARSHALL S. HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

3005 SR 590

83 SUITE 200

84 City CLEARWATER, FL

85 Zip Code 34619

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARRIS, MARSHALL S.
STREET ADDRESS 309 NORTH BELCHER ROAD
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PSTD
1.2 NAME
1.3 STREET ADDRESS 3005 SR 590, SUITE 200
1.4 CITY-ST-ZIP CLEARWATER, FL 34619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

MARSHALL S. HARRIS

4/25/96 (813) 777-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)