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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M94310

1. Corporation Name

HARBOUR CAPITAL, INC.

Principal Place of Business	Mailing Address
2200 U.S. HWY 301 UNIT #2 PALMETTO, FL 34221	P.O. BOX 819 PALMETTO, FL 34220-0819

2. Principal Place of Business	2a. Mailing Address
21 2200 U.S.HWY 301	26 P.O. BOX 819
Suite, Apt #, etc 22 UNIT 2	Suite, Apt # etc 27
City & State 23 PALMETTO, FL	City & State 28 PALMETTO, FL
Zip 24 34221 Country 25 MANATEE	Zip 29 34220-0819 Country 30 MANATEE

3. Date Incorporated or Qualified: 08/15/1988
3a. Date of Last Report: 04/28/95
4. FEI Number: 65-0066673 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HAMILTON, SHARRON
2200 U.S. HWY 301
UNIT #2
PALMETTO, FL 34221

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS T [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	HAMILTON, SHARRON	1.2 NAME	
STREET ADDRESS	2200 US HWY 301, UNIT 2	1.3 STREET ADDRESS	
CITY ST ZIP	PALMETTO, FL 34221	1.4 CITY ST ZIP	
TITLE	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	700001820867
STREET ADDRESS		4.3 STREET ADDRESS	-05/14/96--01100--021
CITY ST ZIP		4.4 CITY ST ZIP	***208.75
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	5-1-1996 OR

CR2E034 (12/95)

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)(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: Sharron Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 Date

941/729/0868 Daytime Phone #