## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



COF	RPORATION UAL REPORT 1996	Sand Sec	EPARTMENT OF STATE dra B. Mortham pretary of State OF CORPORATIONS		
DOCU 1. Corporatio	MENT # n Name M987	73			
R K Ha	rrison & Associate	es, Inc.			
Principal Place	of Business	Mailing Address		N	
10230	State Road 84	10230 State	Post 94		
	F1 33324				
Davie,	11 33324	Davie, F1 33	3324	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		09/15/1988	05/30/1995
21		26		4. FEI Number	Applied For
Suite, Apt.	i, etc.	Suite, Apt. #, etc.		65-0087369	Not Applicable
City & State		27		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Curi	Zij) 29 29	Country 30	8. This corporation has liability for i Florida Statutes Yes	ntang-ble tax under s. 199,032,
		out undietered Adelit	81 Name	10. Name and Address of New R	egistered Agent
Harr	cison, Raymond H.				
10230 State Road 84				ress (P.O. Box Number is Not Acceptable	e)
	le, F1 33324		83		
			<b>84</b> City		
11. Pursuanted	the provisions of Sections 607.05	02 and 607 1508 Florida State	1 1 1		FL 85 Zip Code
or registere familiar with	d agent, or both, in the State of Fig i, and accept the obligations of Se	orida. Such change was authori ction 607 0606. Florida Statut	tes, the above-named corporation's boa	ration submits this statement for the purp ird of directors. Thereby accept the appo	iose of changing its registered office
CONTRACTOR			S.	, , , , , , , , , , , , , , , , , ,	to regionate agent. Fair
12,	Agrahire, typed or perfect name of registered agr	ont and title if applicable (N	OYE: Registerari Agent signature require	d what reastating:	DATE
THLE	OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change (1) Addition Change (2) Addition Change (3) Addition Change (4) Addition
NAME	P/S/T	בן סתכונ	1.1 TITLE		Change Addition
STREET ADDRESS	Harrison, Raymor	ıd H.	1.2 NAME 1.3 STREET ADDRESS		8
CITY-ST-ZIP	1750 SW 25th St.		1.4 City-St-Zip		
TITLE	Davie, F1 33325	[]] DELETE	2. 1 7/// [		Change Addition O
NAME COURT ADDRESS			22 NAME		
STREET ADDRESS City - St - Zip			2.3 STREET ADDRESS		
Title	· · · · · · · · · · · · · · · · · · ·	[] DELETE	2 4 CITY - ST - ZIP		
NAME		£) better t	3 1 TITLE 32 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - S1 - Z4P			3.4 CHY-\$1-ZIP		
THILE NAME		DELETE	4. 1 THE		Change Addition
STREET ADDRESS			4.2 NAME	200004	· · · · · · · · · · · · · · · · · ·
CITY - S1 - ZIP			4.3 STREET ADDRESS	-04/17/96016	(1482 ()
1'ILF		DELETE	44 CHY-ST-ZIP 5 1 THLE	20000176 -04/17/960107 ***200,00	70 .010
NAME		Find Second	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET AUDRESS		
CTY+S1+7IP			5.4 CITY-S1-7IF		
TITLE NAME		[] DELETE	6. 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
SHY+ST-ZIP			6.3 STREET ADDRESS		100

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or only attachment with an address.

SIGNATURE:

SIGNATURE:

Date

Description 19.07(3)(k), Florida Statutes. I further 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 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 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 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 the security supplied and section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the security supplied and section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the security supplied and security supplied in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Se

HIGH NAME OF SIGNING OFFICER OR DIRECTOR