

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05648 (1)

1. Corporation Name
HARROWBY INVESTMENTS, LTD., INC.

Principal Place of Business Mailing Address
2040 NORTHEAST 163RD STREET, SUITE 208 MIAMI FL 33162 **2040 NORTHEAST 163RD STREET, SUITE 208 MIAMI FL 33162**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1985** 3a. Date of Last Report **02/08/1994**
4. FBI Number **13-3058992** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MARKS, JEFFERY N E
MARKS AND ASSOCIATES, P. A.
2040 N.E. 163RD STREET, SUITE 208
MIAMI FL 33162**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, GEORGINA PATRICIA	1. 2 NAME	
STREET ADDRESS	1 GRENVILLE STR	1. 3 STREET ADDRESS	
CITY - ST - ZIP	ST HELIER JERSEY CH	1. 4 CITY - ST - ZIP	
TITLE	D	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BOISSERON, CHARLES	2. 2 NAME	
STREET ADDRESS	1 GRENVILLE STR	2. 3 STREET ADDRESS	
CITY - ST - ZIP	ST HELIER JERSEY CH	2. 4 CITY - ST - ZIP	
TITLE	D	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAN, GEORGE D	3. 2 NAME	
STREET ADDRESS	1 GRENVILLE STR	3. 3 STREET ADDRESS	
CITY - ST - ZIP	ST HELIER JERSEY CH	3. 4 CITY - ST - ZIP	
TITLE	D	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLES, PETER N	4. 2 NAME	
STREET ADDRESS	1 GRENVILLE STR	4. 3 STREET ADDRESS	
CITY - ST - ZIP	ST HELIER JERSEY CH	4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE: Barry Bougeard Date: 5.4.95
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Chapter 607, Florida Statutes