


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05648 (1)**  
 1. Corporation Name  
**HARROWBY INVESTMENTS, LTD., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1990 NE 163RD STREET 205 MIAMI FL 33162 US	Mailing Address 1990 NE 163RD ST 205 MIAMI FL 33162 US
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3. Date Incorporated or Qualified <b>04/11/1985</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>13-3058992</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

**9. Name and Address of Current Registered Agent**

**MARKS, JEFFERY N E**  
**1990 NE 163RD ST**  
**205**  
**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
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**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RILEY, ALASTAIR MILES</b>
STREET ADDRESS	<b>1 GRENVILLE STR</b>
CITY-ST-ZIP	<b>ST HELIER JERSEY CH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COWAN, CAROLYN F</b>
STREET ADDRESS	<b>1 GRENVILLE STR</b>
CITY-ST-ZIP	<b>ST HELIER JERSEY CH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KEAN, GEORGE D</b>
STREET ADDRESS	<b>1 GRENVILLE STR</b>
CITY-ST-ZIP	<b>ST HELIER JERSEY CH</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THORP, JANE</b>
STREET ADDRESS	<b>1 GRENVILLE STR</b>
CITY-ST-ZIP	<b>ST HELIER JERSEY CH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_ (KATHERINE HOPKINS) \_\_\_\_\_ (PETER MARSH)

CR2E034 (10/97)