

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P38040** (2)

95 APR 13 PM 2:19

1. Corporation Name
HARRISON ASSOCIATES, INC.

Principal Place of Business
**2213 NE 17TH AVENUE
WILTON MANORS FL 33305
US**

Mailing Address
**P O BOX 7215
FT LAUDERDALE FL 33338
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/19/1992** 3a. Date of Last Report **01/28/1994**

4. FEI Number **52-1571749** 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**

8. This corporation has liability for intangible tax under §. 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
**HARRISON, RICHARD G.
1151 N ATLANTIC BLVD, 2-B
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

B1 Name **RICHARD G. HARRISON**

B2 Street Address (P.O. Box Number is Not Acceptable)
2213 N.E. 17th AVE

B3

B4 City **WILTON MANORS FL** B5 Zip Code **33305**

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 *Richard G. Harrison* DATE **03/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HARRISON, RICHARD G. 1151 N ATLANTIC BLVD, 2-B FT. LAUDERDALE FL	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME RICHARD G. HARRISON	
STREET ADDRESS		1.3 STREET ADDRESS 2213 N.E. 17th AVE	
CITY, ST, ZIP		1.4 CITY, ST, ZIP WILTON MANORS, FL 33305	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		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 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or my receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard G. Harrison* DATE: **03/25/95** TELEPHONE: **(305) 566-6818**