

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P 92000006551  
1. Corporation Name

**Harbie Development, Inc.**

Principal Place of Business

Mailing Address

**Stephen A. Freeman, Esq.**  
**520 Brickell Key Drive**  
**Suite 0-305**  
**Miami, Florida 33131**

**Stephen A. Freeman, Esq.**  
**520 Brickell Key Drive**  
**Suite 0-305**  
**Miami, Florida 33131**

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

3. Date Incorporated or Qualified  
**11/20/1992**

3a. Date of Last Report  
**02/23/1995**

4. FEI Number

**65-0371591**

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 s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**Stephen A. Freeman, Esq.**  
**520 Brickell Key Dr., Suite 0-305**  
**Miami, Florida 33131**

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

Signature typed or printed name of signing officer or director

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>DP</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>Harbie, Joseph</b>       |                                 |
| STREET ADDRESS | <b>2200 N.W. 102 Avenue</b> |                                 |
| CITY-ST-ZIP    | <b>Miami, Florida</b>       |                                 |
| TITLE          | <b>VPS</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>Harbie, Mikheal</b>      |                                 |
| STREET ADDRESS | <b>2200 N.W. 102 Avenue</b> |                                 |
| CITY-ST-ZIP    | <b>Miami, Florida 33131</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY-ST-ZIP    |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY-ST-ZIP    |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | <b>AS</b>                                                                    |
| 33 STREET ADDRESS | <b>Freeman, Stephen A., Esq.</b>                                             |
| 34 CITY-ST-ZIP    | <b>520 Brickell Key Dr., 0-305</b>                                           |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-ST-ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-ST-ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY-ST-ZIP    |                                                                              |

**800001929988**  
**-08/22/96--01015--016**  
**\*\*\*375.00**

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 person 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen A. Freeman** 5/15/96

201 371-390

CR2E034 (12/95)