


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

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Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000013200 (0) 1. Corporation Name THE HARBOR GROUP MANAGEMENT CORPORATION					
Principal Place of Business 210 BRANT ROAD 57 LAKE PARK FL 33403 US			Mailing Address P.O. BOX 14823 SUITE 4A NORTH PALM BEACH FL 33408 US		
2. Principal Place of Business 21 813 Hummingbird Way Suite, Apt. #, etc. 4A City & State 23 North Palm Beach FL Zip 33408 Country US		2a. Mailing Address 26 PO Box 14823 Suite, Apt. #, etc. 27 City & State 28 North Palm Beach FL Zip 33408 Country US		3. Date Incorporated or Qualified 12/21/1992 4. FEI Number 65-0376048 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	
9. Name and Address of Current Registered Agent SMITH, JOHN W 813 HUMMINGBIRD WAY SUITE 4A NORTH PALM BEACH FL 33408			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME SMITH, CHERYL A STREET ADDRESS 813 HUMMINGBIRD WAY, 4A CITY-ST-ZIP N PALM BEACH FL TITLE V <input type="checkbox"/> DELETE NAME SMITH, JOHN W. STREET ADDRESS 813 HUMMINGBIRD WAY, 4A CITY-ST-ZIP N PALM BEACH FL 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 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		

SIGNATURE: **JOHN W SMITH**

3/30/98 56 863 7121

CR2E034 (10/97)