FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000370 (5)

1. Corporation Name
MICHAEL D. HARRIS, P.A.

Principal Place of Business
712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

Mailing Address
712 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0390617 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JACOBI, BETH F
712 U S HWY ONE
STE 400
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Harris, Beth J.
82 Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Hwy One
83 Ste. 400
84 City: North Palm Beach FL 85 Zip Code: 33408

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: Beth J. Harris   Beth J. Harris   04/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HARRIS, MICHAEL D.	NAME	
STREET ADDRESS	8 GRAND BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	VPD ☒ Change ☐ Addition
NAME	JACOBI, BETH F.	NAME	Harris, Beth J.
STREET ADDRESS	1030 U.S. HWY 1	STREET ADDRESS	712 U.S. Hwy One , Ste 400
CITY-ST-ZIP	NORTH PALM BEACH FL	CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Beth J. Harris   Beth J. Harris   4/27/95   (407) 844-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President/Director

0248202 CP