

1-14-97 B-0201 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P93000014784 (1)

1. Corporation Name

HARRIS CRAM INCORPORATED



Principal Place of Business 3228 MORRIS ST NORTH ST PETERSBURG FL 33713 US	Mailing Address 3228 MORRIS ST NORTH ST PETERSBURG FL 33713-2734 US
--	---

3. Date Incorporated or Qualified 02/19/1993	3a. Date of Last Report 02/06/1996
4. FEI Number 59-3164814	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CRAM, WILLIAM
3228 MORRIS ST N
ST. PETERSBURG FL 33713**

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAM, WILLIAM	1.2 NAME	
STREET ADDRESS	2091 SALSURY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAM, DEBBIE	2.2 NAME	
STREET ADDRESS	2051 SALSURY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	VPST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT M	3.2 NAME	HARRIS, ROBERT M
STREET ADDRESS	19526 GULF BLVD #3A	3.3 STREET ADDRESS	2504 GULF BLVD #108
CITY-ST-ZIP	INDIAN SHORES FL 34635	3.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LINDA M	4.2 NAME	HARRIS, LINDA M
STREET ADDRESS	19546 GULF BLVD #33A	4.3 STREET ADDRESS	2504 GULF BLVD #108
CITY-ST-ZIP	INDIAN SHORES FL	4.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP OPERATIONS
STREET ADDRESS		5.3 STREET ADDRESS	ROBERT W Southwood
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2044 46th ST N
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0978475

CR2E034 (9/96)