

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 02/19/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3164814		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAM, WILLIAM	1.2 NAME	
STREET ADDRESS	2091 SALSBUARY CT	1.3 STREET ADDRESS	19314 GOLF BLVD #3
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	INDIAN SHORES FL 33785
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAM, DEBBIE	2.2 NAME	
STREET ADDRESS	2051 SALSBUARY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ROBERT M	3.2 NAME	
STREET ADDRESS	2504 GULF BLVD #108	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LINDA M	4.2 NAME	
STREET ADDRESS	2504 GULF BLVD. #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT W SOUTHWOOD	5.2 NAME	
STREET ADDRESS	2044 46TH ST. N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M HARRIS

Date

1/9/98

Daytime Phone #

813-823-7866

0394736

CF2E034 (10/87)