

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000015758 (4)**

1. Corporation Name
HARRIS CONSULTING, INC.



Principal Place of Business: **3005 SUNSET DRIVE BELLEAIR BLUFFS FL 34640**
Mailing Address: **3005 SUNSET DRIVE BELLEAIR BLUFFS FL 34640**

3. Date Incorporated or Qualified: **02/23/1993** 3a. Date of Last Report: **03/30/1995**
4. FEI Number: **59-3170185** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Country

9. Name and Address of Current Registered Agent

**HARRIS, KATHLEEN S
3005 SUNSET DRIVE
BELLEAIR BLUFFS FL 34640**

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 any.

NOTE: Registered Agent signature must be handwritten.

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, KATHLEEN S	
STREET ADDRESS	3005 SUNSET DRIVE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2: NAME		
3: STREET ADDRESS		
4: CITY-ST-ZIP		
5: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6: NAME		
7: STREET ADDRESS		
8: CITY-ST-ZIP		
9: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10: NAME		
11: STREET ADDRESS		
12: CITY-ST-ZIP		
13: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14: NAME		
15: STREET ADDRESS		
16: CITY-ST-ZIP		

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 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: X

KATHLEEN S. HARRIS X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-581-8683
Date Filed

CR2E034 (12/95)