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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000050900 (8)

1. Corporation Name

HARBOR ISLANDS REALTY, INC.



Principal Place of Business

255 ALHAMBRA CIRCLE 8TH FLOOR
CORAL GABLES FL 33134

Mailing Address

~~P.O. BOX 326000~~
~~MIAMI FL 33152~~

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 026000
27 Suite, Apt. #, etc.

4. FEI Number

65-0437231

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

24

25

Country

29

30

Zip

Country

31

City

10. Name and Address of New Registered Agent

KERRIGAN, JUANITA I
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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 ☒ DELETE

NAME SOPSHIN, JEFFREY
STREET ADDRESS 255 ALHAMBRA CIRCLE 8TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME GETMAN, DENNIS J
STREET ADDRESS 255 ALHAMBRA CIRCLE 8TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME MCNAIRY, CHARLES L
STREET ADDRESS 255 ALHAMBRA CIRCLE 8TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME KERRIGAN, JUANITA
STREET ADDRESS 255 ALHAMBRA CIRCLE 8TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME ZOBERAN, NORMAN
STREET ADDRESS 255 ALHAMBRA CIRCLE 8TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME ZALKIN, HENRY
13 STREET ADDRESS 255 ALHAMBRA CIRCLE
14 CITY-ST-ZIP CORAL GABLES, FL 33134

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME RAYMOND, WARREN
53 STREET ADDRESS 255 ALHAMBRA CIR.
54 CITY-ST-ZIP CORAL GABLES, FL 33134

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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: *Sandra B. Morham* *Juanita I. Kerrigan* 4/25/97 (305) 442-7000

CR2E034 (9/96)