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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000050900

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 026000
 MIAMI FL 33102
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 201 Alhambra Circle

2a. Mailing Address
 26

Suite, Apt. #, etc.
 22 12th Floor

Suite, Apt. #, etc.
 27

City & State
 23 Coral Gables, Florida

City & State
 28

Zip Country
 24 33134 25

Zip Country
 29 30

3. Date Incorporated or Qualified
 07/15/1993

4. FEI Number
 65-0437231

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I
 255 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 201 Alhambra Circle
 83 12th Floor
 84 City Coral Gables FL 85 Zip Code 33134

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

T
 ZALKIN, HENRY
 255 ALHAMBRA CIRCLE 8TH FLOOR
 CORAL GABLES FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

VD
 GETMAN, DENNIS J
 255 ALHAMBRA CIRCLE 8TH FLOOR
 CORAL GABLES FL 33134

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 201 Alhambra Circle 12th Floor
 2.4 CITY-ST-ZIP Coral Gables, Florida 33134

PD
 MCNAIRY, CHARLES L
 255 ALHAMBRA CIRCLE 8TH FLOOR
 CORAL GABLES FL 33134

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 201 Alhambra Circle 12th Floor
 3.4 CITY-ST-ZIP Coral Gables, Florida 33134

VSD
 KERRIGAN, JUANITA
 255 ALHAMBRA CIRCLE 8TH FLOOR
 CORAL GABLES FL 33134

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS 201 Alhambra Circle 12th Floor
 4.4 CITY-ST-ZIP Coral Gables, Florida 33134

V
 RAYMOND, WARREN
 255 ALHAMBRA CIRCLE 8TH FLOOR
 CORAL GABLES FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS 201 Alhambra Circle 12th Floor
 5.4 CITY-ST-ZIP Coral Gables, Florida 33134

DELETE

6.1 TITLE Change Addition
 6.2 NAME Whalen, Patricia
 6.3 STREET ADDRESS 201 Alhambra Circle 12th Floor
 6.4 CITY-ST-ZIP Coral Gables, Florida 33134

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, with all other like empowered.

SIGNATURE: *Juanita I. Kerrigan* **JUANITA I. KERRIGAN** 4/23/99 (305) 442-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)