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Feb 21 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 # P93000071374 (1)

1. Corporation Name
ROBERT B. HARRISON, CPRC, INC.



Principal Place of Business: P.O. BOX 1087 MELBOURNE FL 32902-1087
Mailing Address: P.O. BOX 1087 MELBOURNE FL 32902-1087

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 01/30/1996
4. FEI Number: 59-3206096
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: [X] Yes [] No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CATTERTON, A. VAN JR.
1990 W. NEW HAVEN AVE.
SUITE 104
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS
11.1 TITLE: [] DELETE
11.2 NAME: WILLIAMS, MICHAEL H
11.3 STREET ADDRESS: % P.O. BOX 1087 (N/A)
11.4 CITY-ST-ZIP: MELBOURNE FL 32902-1087
12.1 TITLE: [] DELETE
12.2 NAME: HARRISON, ROBERT B
12.3 STREET ADDRESS: % P.O. BOX 1087 (N/A)
12.4 CITY-ST-ZIP: MELBOURNE FL 32902-1087
13.1 TITLE: [] DELETE
13.2 NAME: HARRISON, MOLLY
13.3 STREET ADDRESS: 211 AVENUE DEL SOL
13.4 CITY-ST-ZIP: INDIALANTIC FL 32903
14.1 TITLE: [] DELETE
14.2 NAME: SCOTT, STEVEN R
14.3 STREET ADDRESS: PO BOX 1087 (N/A)
14.4 CITY-ST-ZIP: MELBOURNE FL
15.1 TITLE: [] DELETE
15.2 NAME: WILLIAMS, RICKY D.
15.3 STREET ADDRESS: POST OFFICE BOX 1087 (N/A)
15.4 CITY-ST-ZIP: MELBOURNE FL
16.1 TITLE: [X] DELETE
16.2 NAME: MAGEE, KEITH R.
16.3 STREET ADDRESS: POST OFFICE BOX 1087 (N/A)
16.4 CITY-ST-ZIP: MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11.1 TITLE: [] Change [] Addition
11.2 NAME: [] Change [] Addition
11.3 STREET ADDRESS: [] Change [] Addition
11.4 CITY-ST-ZIP: [] Change [] Addition
12.1 TITLE: [X] Change [] Addition
12.2 NAME: D, P
12.3 STREET ADDRESS: Harrison, Robert B.
12.4 CITY-ST-ZIP: 1383 Cypress Avenue
Melbourne, FL 32935-5932
13.1 TITLE: [X] Change [] Addition
13.2 NAME: D, S, T
13.3 STREET ADDRESS: Harrison, Molly
13.4 CITY-ST-ZIP: 211 Avenue Del Sol
Indialantic, FL 32903-2837
14.1 TITLE: [] Change [] Addition
14.2 NAME: [] Change [] Addition
14.3 STREET ADDRESS: [] Change [] Addition
14.4 CITY-ST-ZIP: [] Change [] Addition
15.1 TITLE: [] Change [] Addition
15.2 NAME: [] Change [] Addition
15.3 STREET ADDRESS: [] Change [] Addition
15.4 CITY-ST-ZIP: [] Change [] Addition
16.1 TITLE: [] Change [] Addition
16.2 NAME: [] Change [] Addition
16.3 STREET ADDRESS: [] Change [] Addition
16.4 CITY-ST-ZIP: [] Change [] Addition

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: [Signature] Molly Harrison 2/17/97 (407) 255-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)