

3-12-98 B 3152 C

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

FILED

Mar 12 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 # P93000071374 (1)
1. Corporation Name
ROBERT B. HARRISON, CPRC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 1087 MELBOURNE FL 32902-1087		Mailing Address P.O. BOX 1087 MELBOURNE FL 32902-1087	
2. Principal Place of Business 21 1383 Cypress Avenue Suite, Apt. #, etc. 22 City & State 23 Melbourne, FL Zip Country 24 32935 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	

3. Date Incorporated or Qualified 10/14/1993	Applied For Not Applicable
4. FEI Number 59-3206096	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MICHAEL H	
STREET ADDRESS	% P.O. BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL 32902-1087	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARRISON, ROBERT B	
STREET ADDRESS	1383 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HARRISON, MOLLY	
STREET ADDRESS	211 AVENUE DEL SOL	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCOTT, STEVEN R	
STREET ADDRESS	PO BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICKY D.	
STREET ADDRESS	POST OFFICE BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DST
3.3 STREET ADDRESS	Simmons, Molly E.
3.4 CITY-ST-ZIP	211 Avenida Del Sol Indialantic, FL 32903
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	Harrison, Benson B.
6.4 CITY-ST-ZIP	P.O. Box 1087 N/A Melbourne, FL 32902

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: *[Handwritten Signature]*

2/4/98 (407) 255-7663

CR2E034 (10/97)