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May 02 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 # P94000012719 (8)

1. Corporation Name
HARRIS & KLEIN, INC.



Principal Place of Business
2550 PALM BAY ROAD NE
SUITE 113
PALM BAY FL 32905
US

Mailing Address
PO BOX 033184
INDIALANTIC FL 32903-0184
US

3. Date Incorporated or Qualified 02/11/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3226510	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
DILAVORE, PETER
2153 TAPPAN ZEE LANE
PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name DILAVORE PETER
82 Street Address (P.O. Box Number is Not Acceptable)
877 N. A-1-A #201
83
84 City INDIALANTIC FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0102 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: Peter Dilavore
DATE: 4/17/97

12. OFFICERS AND DIRECTORS	
TITLE: D NAME: DILAVORE, PETER STREET ADDRESS: 2153 TAPPAN ZEE LANE CITY-ST-ZIP: PALM BAY FL	<input type="checkbox"/> DELETE
TITLE: D NAME: KING, AL STREET ADDRESS: 877 N. A1A #801 CITY-ST-ZIP: INDIALANTIC FL	<input type="checkbox"/> DELETE
TITLE: D NAME: HARRIS, MATTHEW STREET ADDRESS: 1011 TROUTMAN BLVD NE #201 CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: PETER DILAVORE 1.3 STREET ADDRESS: 877 N. HWY A-1-A #201 1.4 CITY-ST-ZIP: INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: VP 3.2 NAME: CYNTHIA 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: VP, D 4.2 NAME: CYNTHIA DILAVORE 4.3 STREET ADDRESS: 877 N. HWY A-1-A #201 4.4 CITY-ST-ZIP: INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 checked, or on an attachment with an address.
SIGNATURE: Peter Dilavore
DATE: 4/17/97 DAYTIME PHONE: 407-723-0409

CFR2E034 (9/96)