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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014891 (3)

HARBOR TITLE CO.

Principal Place of Business Mailing Address 1711 WORTHINGTON RD #202 W. PALM BEACH FL 33481* Mailing Address 1711 WORTHINGTON RD SUITE 202 W. PALM BEACH FL 33409-6407							
US US					3. Date Incorporated or Qualified 3a, Date of Last Report 02/21/1994 04/24/1996		
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0474337	 	Applied For Not Applicable
Suite, Apl. (#, etc.	Suite, Apt. #, etc.	J		5. Certificate of Status Desired	\$8.75	Additional Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	May Be
23 Zip 2 2	Log Country	Zip Zip	Country		8. This corporation has liability for	r intangible tax under	s. 199.032,
24 50	9. Name and Address of C	29 urrent Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes No egistered Agent	
MILL	ER, JAMES F		81 N	me			
1400) CENTREPARK BLVD.		82 St	reet Addre	ess (P.O. Box Number is Not Accepta	able)	
SUITE 860							*****
W. P	PALM BEACH FL 33401		83				
			84 C	ly		FL 85 Zi	Code
SIGNATURE	Signature Typich or printed name of register	obligations of, Section 607.0505, F red agent and the if applicable (NC S AND DIRECTORS	TE: Registered Agent sign	nature require	ad when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	IRS IN 12
TITLE	DVPS	DELETE	1.1 TITLE		ADDITIONO/DEANGLS TO OFF	Change	
NAME	MILLER, JAMES F		1.2 NAME				
STHEET ADDRESS	1400 CENTREPARK BLVD	., Suite 860	1 3 STREET ADD	ESS			
CITY-ST-7/P	W. PALM BEACH FL DPT	DELETE	1.4 C/TY - ST - ZIF 2.1 TITLE			Change	Addition
NAME	THOMAS K. PIERCE	☐ breeze	2.2 NAME			C. J Gridings	LI NOGINO
\$TREET ADDRESS	1711 WORTHINGTON RD, WEST PALM BEACH FL	#202	2,3 STREET ADD	1			
CITY - S1 - 7IP	D DESTRUCTION DESCRIPTION	DELETE	2.4 CITY-ST-ZI 3.1 TITLE	,		Change	Addition
NAME	STEVEN WOODS		3.2 NAME				•
STREET ADDRESS	1400 CENTRE PARK BLV	D., #860	3.3 STREET ADD	ESS			
CHY-ST ZIP	WEST PALM BEACH FL	T heres	3.4. CITY-ST-ZI				Address
NAME		☐ DELETE	4.1 TITLE 4.2 NAME			Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADD	IESS			
CHY-SI-ZiP			4.4 CITY-ST-ZIF				
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADD	}			
CITY - S1 - ZIP		DELETE	5.4 CITY-ST-ZIF 6.1 TITLE		·	Change	Addition
NAME:		f" Detail	6.2 NAME			L. Change	L., raymon
STREET ADDRESS			6.3 STREET ADD	ess			
CITY-ST-ZIP			6.4 CITY-ST-ZIF				
information Lam an of	ri indicated on this annual repor licer or director of the corporati	pplied with this filing does not qua rt or supplemental annual report is on or the receiver or trustee empo or or on an attachment with an ac	true and accurate wered to execute idress.	and that this report	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg t as required by Chapter 607, Florida	jal effect as if made u Statutes; and that my	inder oath; tha riame

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47/42 (561)687.899

FILED

Apr 15 1997 8:00am

Secretary of State

Phone #