FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # P94000025995 (9)

1. Corporation Name

HARBOUR VILLA CORPORATION

Principal Place of Business	Mailing Address
C/O H. CHARLES KESSLER ACCIPTER CORPORATION - 791 WYE RD. AKRON OH 44333	C/O H. CHARLES KESSLER ACCIPTER CORPORATION - 791 WYE RD. AKRON OH 44333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0483114 — Applied For ☐ Not Applicable ☐

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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0007 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, VP	☒ Change ☐ Addition
NAME	MEYERSON, ROBERT F	12 NAME		
STREET ADDRESS	16488 CAPTIVA RD.	13 STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA ISLAND FL 33924	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D, S	☒ Change ☐ Addition
NAME	KESSLER, H C III	22 NAME		
STREET ADDRESS	791 WYE RD.	23 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44333	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D, P	☒ Change ☐ Addition
NAME	MEYERSON, ANDREW S	32 NAME		
STREET ADDRESS	791 WYE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH 44333	34 CITY-ST-ZIP		
TITLE		41 TITLE	VP, T	☐ Change ☒ Addition
NAME		42 NAME	ELIZABETH MURPHY	
STREET ADDRESS		43 STREET ADDRESS	791 WYE ROAD	
CITY-ST-ZIP		44 CITY-ST-ZIP	AKRON, OH 44333	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sec. 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 added, above.

SIGNATURE: J. Charles Kessler, SECRETARY — 2/8/95 — (216) 666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
H. Charles Kessler III

0475004 FP