

FILE NOW: FILING FEE AFTER MAY 1, \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P94000029551</u> 1. Corporation Name <u>HURRICANE HARBOUR INC</u>		Principal Place of Business <u>HURRICANE HARBOUR</u> <u>160 SW MONTEREY</u> <u>STUART FL 34994</u>	
2. Principal Place of Business 21 <u>160 SW MONTEREY RD</u> Suite, Apt. #, etc. 22 City & State 23 <u>STUART FL</u> Zip 24 <u>34994</u> Country <u>U.S.A</u>		2a. Mailing Address 26 <u>HURRICANE HARBOUR INC</u> Suite, Apt. #, etc. 27 <u>3075 S.E. ST. LUCIE BLVD.</u> City & State 28 <u>STUART, FL</u> Zip 29 <u>34997</u> Country <u>U.S.A</u>	
3. Date Incorporated or Qualified <u>APRIL 18, 1994</u>		3a. Date of Last Report	
4. FEI Number <u>65-0482234</u>		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <u>KARL THOMAS</u>		82 Street Address (P.O. Box Number is Not Acceptable) <u>3075 S.E. ST. LUCIE BLVD.</u>	
83		84 City <u>STUART</u>	
85 Zip Code <u>FL 34997</u>			
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 <u>Karl Thomas</u> Signature, typed or printed name of registered agent and title if applicable		DATE <u>KARL THOMAS - PRESIDENT</u> (NOTE: Registered Agent's signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>PRESIDENT</u>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>CHARLES S. WATKINS</u>		1.2 NAME <u>KARL THOMAS</u>	
STREET ADDRESS <u>4075 JIB LANE</u>		1.3 STREET ADDRESS <u>3075 S.E. ST. LUCIE BLVD.</u>	
CITY-ST-ZIP <u>STUART, FL 34997</u>		1.4 CITY-ST-ZIP <u>STUART, FL 34997</u>	
TITLE <u>SAC. TREASURER</u>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <u>SECRETARY - TREASURER</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>JEFFREY PRICE SR.</u>		2.2 NAME <u>MICHAEL TERRY</u>	
STREET ADDRESS <u>2430 LAKE RIDGE DR</u>		2.3 STREET ADDRESS <u>7884 SE SPICELWOOD CIRCLE</u>	
CITY-ST-ZIP <u>PAUL CITY, FL 34990</u>		2.4 CITY-ST-ZIP <u>HOPE SOUND R 34955</u>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
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: <u>Karl Thomas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/15/97</u> 561 221-2700	

CR2E034 (9/96)