

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT -6 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000050735 (7)
 1. Corporation Name
THE HARBORAGE AT SEMINOLE COVE, INC.



Principal Place of Business: 1670 S.W. 35TH CIRCLE, OKEECHOBEE FL 34974, US
 Mailing Address: PO BOX 1308, OKEECHOBEE FL 34973, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 07/08/1994
 3a. Date of Last Report: 04/10/1996
 4. FEI Number: 65-0503519
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
FENNELLY, ANDREW L.
701 N FLAGLER DR
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
 81 Name: **NORMAN L. BAUM**
 82 Street Address (P.O. Box Number is Not Acceptable): **23276 COSTA DEL SOL BLVD.**
 84 City: **BOCA RATON** FL 85 Zip Code: **33433**

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 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: *[Signature]*
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: FENNELLY, ANDREW L. STREET ADDRESS: 3701 N FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH FL	1.1 TITLE: PD 1.2 NAME: NORMAN L. BAUM 1.3 STREET ADDRESS: 23276 COSTA DEL SOL BLVD 1.4 CITY-ST-ZIP: BOCA RATON FL 33433
	TITLE: VPTD NAME: BAUM, NORMAN L. STREET ADDRESS: 23276 COSTA DEL SOL CITY-ST-ZIP: BOCA RATON FL	2.1 TITLE: VPTD 2.2 NAME: NORMAN L. BAUM 2.3 STREET ADDRESS: 1670 S.W. 35 CIRCLE 2.4 CITY-ST-ZIP: OKEECHOBEE FL 34974
		3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: 3.5 TITLE: 3.6 NAME: 3.7 STREET ADDRESS: 3.8 CITY-ST-ZIP: 3.9 TITLE: 3.10 NAME: 3.11 STREET ADDRESS: 3.12 CITY-ST-ZIP: 3.13 TITLE: 3.14 NAME: 3.15 STREET ADDRESS: 3.16 CITY-ST-ZIP: 3.17 TITLE: 3.18 NAME: 3.19 STREET ADDRESS: 3.20 CITY-ST-ZIP: 3.21 TITLE: 3.22 NAME: 3.23 STREET ADDRESS: 3.24 CITY-ST-ZIP: 3.25 TITLE: 3.26 NAME: 3.27 STREET ADDRESS: 3.28 CITY-ST-ZIP: 3.29 TITLE: 3.30 NAME: 3.31 STREET ADDRESS: 3.32 CITY-ST-ZIP: 3.33 TITLE: 3.34 NAME: 3.35 STREET ADDRESS: 3.36 CITY-ST-ZIP: 3.37 TITLE: 3.38 NAME: 3.39 STREET ADDRESS: 3.40 CITY-ST-ZIP: 3.41 TITLE: 3.42 NAME: 3.43 STREET ADDRESS: 3.44 CITY-ST-ZIP: 3.45 TITLE: 3.46 NAME: 3.47 STREET ADDRESS: 3.48 CITY-ST-ZIP: 3.49 TITLE: 3.50 NAME: 3.51 STREET ADDRESS: 3.52 CITY-ST-ZIP: 3.53 TITLE: 3.54 NAME: 3.55 STREET ADDRESS: 3.56 CITY-ST-ZIP: 3.57 TITLE: 3.58 NAME: 3.59 STREET ADDRESS: 3.60 CITY-ST-ZIP: 3.61 TITLE: 3.62 NAME: 3.63 STREET ADDRESS: 3.64 CITY-ST-ZIP: 3.65 TITLE: 3.66 NAME: 3.67 STREET ADDRESS: 3.68 CITY-ST-ZIP: 3.69 TITLE: 3.70 NAME: 3.71 STREET ADDRESS: 3.72 CITY-ST-ZIP: 3.73 TITLE: 3.74 NAME: 3.75 STREET ADDRESS: 3.76 CITY-ST-ZIP: 3.77 TITLE: 3.78 NAME: 3.79 STREET ADDRESS: 3.80 CITY-ST-ZIP: 3.81 TITLE: 3.82 NAME: 3.83 STREET ADDRESS: 3.84 CITY-ST-ZIP: 3.85 TITLE: 3.86 NAME: 3.87 STREET ADDRESS: 3.88 CITY-ST-ZIP: 3.89 TITLE: 3.90 NAME: 3.91 STREET ADDRESS: 3.92 CITY-ST-ZIP: 3.93 TITLE: 3.94 NAME: 3.95 STREET ADDRESS: 3.96 CITY-ST-ZIP: 3.97 TITLE: 3.98 NAME: 3.99 STREET ADDRESS: 3.100 CITY-ST-ZIP:

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 ***550.00

[Signature]
10/16/97

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: *[Signature]*

CR2E034 (4/97)