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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000066926 (4)

HARBOR LIGHTS OF PALM BEACH, INC.

Displaced Place of Puniones Mailing Address																			
Principal Place of Business						Mailing Address													
21000 BOCA RIO RD A 18 BOCA RATON FL 33433 US					21000 BOCA RIO RD A 18 BOCA RATON FL 33433-1504 US													1	1
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												3. Date Incorporated or Qualified 3a. 1				e of Le	et Fle	in a second	
												3. Date Incorporated or Qualified 3a. Date of Late 05/01/199						1	
2. Principal Place of Business				2a. Mailing Address								FEI Number		ŀ		Appl	7		
21				26								65-0522850				Not A	\overline{P}_{k_D}		
Suite, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired					5 Ad		
22					27									Fee Require					
City & State				City & State							6. Election Campaign Financing \$5.00 May .						ay .		
23				28						· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees						Fees		
Zip Country			L	Zip Cor				ountry			8. This corporation has fiability for intangible tax under s. 199.03						99.03		
24 25				29 30					<u>,</u>			Florida Statutes Yes No							
			and Address o	f Current Re	gistere	d Age	nt		١	T		10.	Name and Addre	ss of New Reg	pistered A	gent			
İ		ve Rubin							81	Na	ame								
6057B SEVERN DRIVE BOCA RATON FL 33433									82	Street Address (P.O. Box Number is Not Acceptable)									
									83				•						1
									-							1221			ļ
									84	Ci	ty				FL	85	Zip Co	ae	l
11	. Pursuant t	o the provis	sions of Sections	607.0502 an	d 607.1	1508, FI	orida Statu	ites, the	abovo	e-na	med corpo	oration	n submits this state	ment for the p	urnose of	changir	ng its r	egistered	١
' '	office or re	egistered a	gent, or both, in	the State of F	lorida.	Such al	nange was	authoriza	ed by	y the	corporatio	on's b	poard of directors.	hereby accép	t the appo	intmen	as re	gistered	l
	-	II IGUIIIII W	nin, and accept	ine obligation	a UI, Ot	JOHOHO	01.0000,1	iontra oti	atotoc	٥.									l
SI	GNATURE .	Stonature Ivoe	d or printed name of re	oistered agent and	title if an	olicable.		it Beasier	ed Abe	ent sig	nature required	d when	reinstatino)	· · · - · · · · · · · · · · · · · · · ·	DATE				l
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	Y-ST-ZIP		ATON FL						CITY-S		1								ľ
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NA	i	ALLISON	V RUBIN						NAME										l
	REET ADDRESS	8057-B							STREET	T ADDI	aree								l
	j		ATON FL																l
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NAME							6.2 NAM												
ST	REET ADDRESS							6.3	STREET	1 ADDE	RESS								I

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. 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 logal effect as if made under eath; 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

FILED

Apr 29 1997 8:00am

Secretary of State