

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069209 (2)

1. Corporation Name

HARBOR PROPERTIES, INC.



Principal Place of Business

2881 E OAKLAND PARK BLVD
SUITE 300
FT LAUDERDALE FL 33306

Mailing Address

2881 E OAKLAND PARK BLVD
SUITE 300
FT LAUDERDALE FL 33306

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
04/24/1995

4. FEI Number

65-0522614

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

2. Principal Place of Business

21 1500 NORTH FEDERAL HWY

Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH, FL

Zip

24 33062

Country

2a. Mailing Address

26 100 SOUTH FIFTH ST.

Suite, Apt. #, etc.

27 SUITE 2500

City & State

28 MINNEAPOLIS, MN

Zip

29 55402

Country

30

9. Name and Address of Current Registered Agent

BIRR, JAMES O JR
2881 E OAKLAND PARK BLVD
SUITE 300
FT LAUDERDALE FL 33306

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KLEIN, RALPH P
STREET ADDRESS 1500 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE EVP ☐ DELETE

NAME HUNT, DENNIS
STREET ADDRESS 1500 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE S ☐ DELETE

NAME MAHLER, DAVID
STREET ADDRESS 1500 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DAVID MAHLER

4/23/96

Date

Daytime Phone #

CR2E034 (12/95)