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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000092061			
1. Corporation Name HARBOR ISLANDS COMMUNITY SERVICES, INC.			
Principal Place of Business 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134		Mailing Address 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	
2. Principal Place of Business 21 201 Alhambra Circle Suite, Apt. #, etc. 22 12th Floor City & State 23 Coral Gables, Florida Zip 24 33134		2a. Mailing Address 26 201 Alhambra Circle Suite, Apt. #, etc. 27 12th Floor City & State 28 Coral Gable, Florida Zip 29 33134	
9. Name and Address of Current Registered Agent KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE 9TH FLOOR CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle 83 12th Floor 84 City Coral Gables 85 Zip Code FL 33134	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GETMAN, DENNIS J 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCNAIRY, CHARLES L 255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZALKIN, HENRY 255 ALHAMBRA CIR CORAL GABLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Whalen, Patricia 201 Alhambra Circle 12th Floor Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Juanita I. Kerrigan* **JUANITA I. KERRIGAN** 4/23/99 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0200313

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