


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000009324 (1) 1. Corporation Name HARVE ENTERPRISES, INC.		



Principal Place of Business 3815 GULF BOULEVARD ST PETE BEACH FL 33706 US	Mailing Address 3815 GULF BOULEVARD ST PETE BEACH FL 33706-3917 US
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2. Principal Place of Business 21 507 39th AVE Suite, Apt. #, etc. 22 ~ City & State 23 ST PETE BEACH, FLORIDA Zip Country 24 33706 25 USA		2a. Mailing Address 26 507 39th AVE Suite, Apt. #, etc. 27 ~ City & State 28 ST PETE BEACH, FLORIDA Zip Country 29 33706 30 USA		3. Date Incorporated or Qualified 02/03/1995	3a. Date of Last Report 03/29/1996
4. FEI Number 65-0554491		Applied For <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HARVEY, TREVOR 3815 GULF BOULEVARD ST PETE BEACH FL 33706				10. Name and Address of New Registered Agent 81 Name TREVOR HARVEY 82 Street Address (P.O. Box Number is Not Acceptable) 83 507 39th AVE 84 City ST PETE BEACH FL 85 Zip Code 33706			
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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 *Trevor Harvey* *Madeline Harvey* *4/14/97*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when instituting) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input type="checkbox"/> DELETE	11 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARVEY, TREVOR		12 NAME	HARVEY, TREVOR			
STREET ADDRESS	3815 GULF BLVD		13 STREET ADDRESS	507 39th AVE			
CITY-ST-ZIP	ST PETE BEACH FL		14 CITY-ST-ZIP	ST PETE BEACH, FL 33706			
TITLE	DVPS	<input type="checkbox"/> DELETE	21 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZACHARY, MADELINE		22 NAME	HARVEY, MADELINE			
STREET ADDRESS	3815 GULF BLVD		23 STREET ADDRESS	507 39th AVE			
CITY-ST-ZIP	ST PETE BEACH FL		24 CITY-ST-ZIP	ST PETE BEACH FL 33706			
TITLE		<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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 *Trevor Harvey* *Madeline Harvey* *4/14/97* *3815 Gulf Blvd*

CR2E034 (9/96)