SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Leteric

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT

1996



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

FILED
Jul 24 1996 8:00 am
Secretary of State

813/239-2711

DOCUMENT # P95000040518 (9)

HARBOR CLUB, INC. Principal Place of Business Mailing Address 915 EAST GRANT AVENUE 1907 EAST HILLSBOROUGH AVENUE TAMPA FL 33604 TAMPA FL 33610 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 5110 N. 40th Street Applied For <u>5305 N. Armenia Avenue</u> 58-2181960 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing Tampa, FI \$5.00 May Be 23 Tampa, FL Trust Fund Contribution 33610 Added to Fees Country 8. This corporation has liability for intangible tax under s 199 032, USA 25 33603 29 USA 30 Yes 🔼 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ, JOSEPH L Name 2522 WEST KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33609 83 84 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 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 reinstaring) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE XD DELETE 11 TITLE P/VP/S/T/D Change Addition NAME DUSTEEN SELICIENES 1.2 NAME PITISCI, OLGA SAULTANA HERIOGOBOLISH TRANSTORE STREET ADDRESS 13 STREET ADDRESS 5110 N. 40th Street Tampa, FL 33610 TOMPANELX STREET CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CHY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 1 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 it 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 6 4 CITY - ST - ZIP

Olga Pitisci, President