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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052409 (6)

HARBINGER, INC.

Mailing Address Principal Place of Business 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE SUITE 310 EAST SUITE 310 EAST WEST PLAM BEACH FL 33401-6161 WEST PLANT BEACH FL 33401 PALM 3. Date Incorporated or Qualified 3a. Date of Last Report PALM 05/01/1996 07/03/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0605177 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z\phi$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Yes X No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SALOVIN, ALLAN 777 SOUTH FLAGLER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 310 EAST** WEST PLAM BEACH FL 33401 83 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 bite if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D/V/S DELETE Change & Addition TITLE 1.1 TITLE BREGMAN, KIM N Bregman, Kim N. 1.2 NAME NAME 5455 N FEDERAL HWY, STE O 5455 N Federal Hwy, Ste O 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** Boca Raton FL 33487 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE D/P Change Addition 21 TITLE TITLE DIAMOND, NANCY L 2.2 NAME NAME Diamond, Nancy L. 5455 N FEDERAL HWY, STE O 2.3 STREET ADDRESS STREET ADDRESS 5455 N Federal HWY, Ste O **BOCA RATON FL** CHTY - ST - ZIP 2. 4 CITY-ST-ZIP Boca Raton FL 33487 Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP C-TY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAMÉ 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-\$1-212 DELETE Change Addition

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 path; 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS 64 CITY - ST - ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY - ST - ZIP

1/14/97 561-989-9330

FILED

Jan 23 1997 8:00am

Secretary of State

96/6) CR2E034