

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000094740 (4)**

1. Corporation Name

340 HARBOR CORP.



Principal Place of Business

**101 NORTH PLUMOSA ST.
MERRITT ISLAND FL 32953**

Mailing Address

**101 NORTH PLUMOSA ST.
MERRITT ISLAND FL 32953**

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 **980 N. Federal Highway**
27 Subst. Apt. #, etc.
28 City & State
29 **Boca Raton, Florida**
30 **33432-2704**
31 **USA**

9. Name and Address of Current Registered Agent

**BOWDEN, DONALD L
101 N. PLUMOSA STREET
MERRITT ISLAND FL 32953**

81 Name **Russell T. Kamratt**

82 Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Drive

83 Suite 900 East

84 City **West Palm Beach**

FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.05(2) and 607.01(4)(b), 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 607.05(2), Florida Statutes.

SIGNATURE

Russell T. Kamratt

Russell T. Kamratt

2/28/96

12. OFFICERS AND DIRECTORS

12.1 TITLE **D** ☒ DELETE
NAME **BOWDEN, DONALD L**
STREET ADDRESS **101 NORTH PLUMOSA ST.**
CITY-STATE-ZIP **MERRITT ISLAND FL 32953**
12.2 TITLE **D** ☒ DELETE
NAME **BOWDEN, DOROTHY E**
STREET ADDRESS **101 NORTH PLUMOSA ST.**
CITY-STATE-ZIP **MERRITT ISLAND FL 32953**
12.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.7 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE **P** ☐ Change ☒ Addition
NAME **Warren S. Orlando**
STREET ADDRESS **980 N. Federal Highway**
CITY-STATE-ZIP **Boca Raton, FL 33432-2704**
13.2 TITLE **T** ☐ Change ☒ Addition
NAME **John Marino**
STREET ADDRESS **980 N. Federal Highway**
CITY-STATE-ZIP **Boca Raton, FL 33432-2704**
13.3 TITLE **S** ☐ Change ☒ Addition
NAME **June Owens**
STREET ADDRESS **101 N. Plumosa Street**
CITY-STATE-ZIP **Merritt Island, FL 32953**
13.4 TITLE **V** ☐ Change ☒ Addition
NAME **Dana Kilborne**
STREET ADDRESS **980 N. Federal Highway**
CITY-STATE-ZIP **Boca Raton, FL 33432-2704**
13.5 TITLE **V** ☐ Change ☒ Addition
NAME **Ward Kellogg**
STREET ADDRESS **980 N. Federal Highway**
CITY-STATE-ZIP **Boca Raton, FL 33432-2704**
13.6 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
13.7 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
13.8 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
13.9 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
13.10 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied by this corporation is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, or the treasurer or trustee, or powers thereof, and I am certifying 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 my address.

SIGNATURE:

John Marino

(407) 392-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)