

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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001622 (5)

1. Corporation Name  
**HARBOR HOLDINGS CO.**



Principal Place of Business <b>%MILLER &amp; WOODS, P A</b> <b>1400 CENTREPARK BLVD. SUITE 880</b> <b>WEST PALM BEACH FL 33401</b>	Mailing Address <b>%MILLER &amp; WOODS, P A</b> <b>1400 CENTREPARK BLVD. SUITE 880</b> <b>WEST PALM BEACH FL 33401-7485</b>
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2. Principal Place of Business 21 <b>1711 WORTHINGTON RD</b> Suite, Apt. #, etc. 22 <b># 202</b> City & State 23 <b>WEST PALM BEACH, FL</b> Zip 24 <b>33409</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1711 WORTHINGTON RD</b> Suite, Apt. #, etc. 27 <b># 202</b> City & State 28 <b>WEST PALM BEACH, FL</b> Zip 29 <b>33409</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/02/1996</b>	3a. Date of Last Report
		4. FEI Number <b>65-0636336</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		7. 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 <b>MILLER, JAMES F</b> <b>%MILLER &amp; WOODS, P A</b> <b>1400 CENTREPARK BLVD #880</b> <b>WEST PALM BEACH FL 33401</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, JAMES E</b>	1.2 NAME	
STREET ADDRESS	<b>1400 CENTREPARK BLVD, #880</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, THOMAS K</b>	2.2 NAME	
STREET ADDRESS	<b>154 SEASHORE DRIVE</b>	2.3 STREET ADDRESS	<b>1711 WORTHINGTON RD # 202</b>
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, STEVEN R</b>	3.2 NAME	
STREET ADDRESS	<b>1400 SEASHORE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 any document with my signature.

SIGNATURE: \_\_\_\_\_ 4/11/97 561-687-8997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)