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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stat∈
DIVISION OF CORPORATIONS

DOCUMENT # **P96000035642 (3)**1. Corporation Name

FILED

Jan 14 1997 8:00am Secretary of State

HARPER ASSOCIATIONS MANAGEMENT, INCORPORATED Principal Place of Business Mailing Address 2815 TIFTON ST S GULFPORT FL 33711-3647 GULFPORT FL 33711-3647													
								3. Date Inco 04/22/19	orporated or Qualif	ied 3a. [Date of L	ast Re	port
2. Principal P	ace of Business		2a. M	ailing Address				4. FEI Numi	ber			Apr	lied For
21			26					59-	33819	7 <i>8</i>			Applicable
Suite, Apt.	#, elc		F →	ilte Apt.#, etc.				5. Certificat	e of Status Desired		•	75 A	dditional
City & Stat	e		27 Ci	ty & State				6. Election	Campaign Financii	no			May Be
23			28					4	nd Contribution			Ided to	
Zip	} ₁	Country	Z1,	р	} -	untry			oration has liability			der s.	199.032
24	9 Name and	Address of Curre	29	ed Agent	30	т		Florida S	tatutes nd Address of Nev	Y Yes			···-
WAI	KER, LAURA L	Address of Come	nn neglaten	eu Agent		81	Name	IV, Italile al	IN AUGIESS OF HE	rnegisteret	Agein		
	'N BLVD					82	Ctroot A	ddress (P.O. Box N	humbar in Not Appe	untable)			
	PA FL 33603					62	Sireel At	duress (F.O. Box N	MITDEL IS NOT ACCE	ipiable)			
						83							
						84	City				85	Zip C	ode
11 Duzor and	to the requestors	of Spot one 607 Of	02 out 607			1.1	named a	pornoration submite	this statement for	F		ion ite	registered
				1508. Florida St	abutes the s	ลทกหล						, , , , , , , ,	opinionod
agent La	registered agent (ani familiar with, ar	or both, in the Stat id accept the obli	e of Florida. galiens of, S	1508, Florida St Such change w notion 607.0505	latutes, the a vas authoriza 5, Florida Sta	above ed by atutes.	the corpo	oration's board of d	irectors. I hereby a	ccept the ap	pointme	nt as r	egistered
office or r agent 1 a SIGNATURE	nn familiar With, ar	or both, in the Stati id accept the obli- eduate a regimental	gations of, Si	ection 607.0505	o, Florida Sta	atutes.		oration's board of d	rectors. I hereby a	ccept the ap	pointme	nt as r	egistered
agent La	Signature tyrkstochen	id accept the obli	gations of, Si occlaimments	oction 607.0505 iptcable i	(NOTE: Register	etules.		equired whon reinstating)	irectors. I hereby a	DATE	ID DIRE	CTOR	S IN 12
agent I a SIGNATURE 12. TIILE	Signature Gaster por	od accept the obliged name at open an OFFICERS AI	gations of, Si occlaimments	oction 607.0505	(NOTE: Register	ed Ager		equired whon reinstating)		DATE	ID DIRE		······
agent La SIGNATURE 12. TIILE NAME	Signation (gladiorpoin) D HARPER, HAR	of accept the obligation of th	gations of, Si occlaimments	oction 607.0505 iptcable i	(NOTE: Begister 13 11 12	ed Ager	nt signature re	equired whon reinstating)		DATE	ID DIRE	CTOR	S IN 12
agent Ta SIGNATURE 12. TILLE NAME STREET ADDRESS	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	oction 607.0505 iptcable i	(NOTE: Begister 13 11 12 1.3:	ed Ager ITTLE NAME	n: signature re	equired whon reinstating)		DATE	ID DIRE	CTOR	S IN 12
Agent Ta SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZP	Signation (gladiorpoin) D HARPER, HAR	of accept the oblined large of the colline of the c	gations of, Si occlaimments	oction 607.0505 iptcable i	(NOTE: Register 13 11 12 13:	ed Ager	n: signature re	equired whon reinstating)		DATE	ID DIRE	CTOR:	S IN 12
Agent Tales SIGNATURE 12. TILLE NAME STREET ADDRESS	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	production 607 0505	(NOTE: Begister 13 11: 12: 1.3: 1.4:	ed Agen ITTLE NAME STREET /	n: signature re	equired whon reinstating)		DATE	ND DIRE	CTOR:	S IN 12
Agent Ta SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZP TILLE	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	production 607 0505	(NOTE: Begister 13 11' 12' 1.3: 1.44 21'	ed Ager ITTLE NAME STREET / CITY - ST TITLE NAME	n: signature re	equired whon reinstating)		DATE	ND DIRE	CTOR:	S IN 12
Agent Ta SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE	(NOTE: Register 13 11 12 13: 1.44 21 22: 23: 2.4	ed Ager ITTLE NAME STREET / CITY-ST ITTLE NAME STREET / CITY-S	ADDRESS - ZIP	equired whon reinstating)		DATE	D DIRE	CTORS ange ange	S IN 12 Addition Addition
Agent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	production 607 0505	(NOTE: Register 13 11: 12: 1.3: 1.4: 21: 22: 24: 31:	ed Ager ITTLE NAME STREET / CITY - ST CITY - ST CITY - ST	ADDRESS - ZIP	equired whon reinstating)		DATE	ND DIRE	CTORS ange ange	S IN 12
agent Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE	(NOTE: Register 13 11: 12: 13: 14: 21: 22: 24: 31: 32:	ed Ager ITTLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-S' TITLE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	equired whon reinstating)		DATE	D DIRE	CTORS ange ange	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE	(NOTE: Register 13 11 12 1.3: 1.4: 2.1: 2.2: 2.3: 2.4 3.1: 3.2: 3.3:	ed Ages ITTLE NAME STREET / CITY - ST TITLE NAME STREET / CITY - S TITLE NAME STREET / STREET / STREET /	ADDRESS ADDRESS L-ZIP ADDRESS ADDRESS	equired whon reinstating)		DATE	D DIRE	CTORS ange ange	S IN 12 Addition Addition
Agent Ta SIGNATURE 12. TITLE NAME STHEEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11: 12: 13: 14: 21: 22: 24: 31: 32: 33: 34:	ed Ager ITTLE NAME STREET / ITTLE NAME STREET / ITTLE NAME STREET / ITTLE NAME COITY - ST	ADDRESS ADDRESS L-ZIP ADDRESS ADDRESS	equired whon reinstating)		DATE	Ch	CTOR: ange ange	S IN 12 Addition Addition
AGENTURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE THE STREET ADDRESS C-TY-SI-ZIP TITLE THE STREET ADDRESS C-TY-SI-ZIP TITLE	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE	(NOTE: Register 13 11 12 1.3: 1.44 2.1' 2.21 2.3 2.4 3.1' 3.21 3.3: 3.4. 4.1	ALUTIONS TOTAL	ADDRESS ADDRESS L-ZIP ADDRESS ADDRESS	equired whon reinstating)		DATE	D DIRE	CTOR: ange ange	S IN 12 Addition Addition
Agent La SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TREEL ADDRESS CITY-SI-ZIP TITLE NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11 12 1.3: 1.44 2.1' 2.24 3.1' 3.24 3.3: 3.44 4.1	od Ager ITHE NAME STREET / ST	ADDRESS - ZIP ADDRESS - ZIP ADDRESS T- ZIP ADDRESS T- ZIP	equired whon reinstating)		DATE	Ch	CTOR: ange ange	S IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11 12 1.3: 1.44 2.11 2.21 2.3. 2.4 3.11 3.2: 3.3. 3.4. 4.1 4.2 4.3	ad Ager Interpolation of Ager Interpolation	ADDRESS ADDRESS ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	equired whon reinstating)		DATE	Ch	CTOR: ange ange	S IN 12 Addition Addition
Agent La SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TREEL ADDRESS CITY-SI-ZIP TITLE NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11' 12' 13: 144 21' 221 23: 24 31' 32! 33: 34. 41 4.2 4.3	od Ager ITHE NAME STREET / ST	ADDRESS ADDRESS ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	equired whon reinstating)		DATE	Ch	CTORS aange aange aange	S IN 12 Addition Addition
AGENTURE 12. THE NAME STREEL ADDRESS CITY-SI-ZIP	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the SAI OFFICERS AI OLD W ST S	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11 12 13: 144 21 22: 23: 24 31: 32: 41 4.1 4.2 4.3 4.4 51:	OUT A 30° - OUT A	ADDRESS ADDRESS ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	equired whon reinstating)		DATE	On:	CTORS aange aange aange	Addition Addition Addition
AGENTURE 12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE STREET ADDRESS CITY-ST-ZIP TITLE	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13	OUT A 30° - OUT A	ADDRESS ADDRESS ADDRESS T- ZIP ADDRESS ADDRESS ADDRESS ADDRESS	equired whon reinstating)		DATE	On:	CTORS aange aange aange	Addition Addition Addition
AGENTURE 12. TILLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	DELETE DELETE DELETE	(NOTE: Register 13 11 12 13 144 21 23 24 31 33 34 41 42 43 44 51 52 53	OUT A 30° - OUT A	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	equired whon reinstating)		DATE	Chi	CTORS ange ange ange	Addition Addition Addition
AGENTURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	DELETE DELETE	(NOTE: Register 13 11 12 13 144 21 23 24 31 32 34 41 42 43 44 51 52 53	OUT A 300 A	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	equired whon reinstating)		DATE	On:	CTORS ange ange ange	Addition Addition Addition
AGENT LA SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	DELETE DELETE DELETE	(NOTE: Register 113	OUT A 30° COUNTY STREET / INTER NAME	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	equired whon reinstating)		DATE	Chi	CTORS ange ange ange	Addition Addition Addition
AGENT LA SIGNATURE 12. TILLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME	D HARPER, HAR 2815 TIFTON	of accept the oblined large of the colline of the c	gations of, Si occlaimments	DELETE DELETE DELETE	(NOTE: Register 113	Od Ager TITLE NAME STREET // STITLE NAME NAME STREET // STITLE NAME NAME NAME NAME NAME	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS 3- ZIP	equired whon reinstating)		DATE	Chi	CTORS ange ange ange	Addition Addition Addition

Ido 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 almost 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 recover 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

w. Harper

1-6-97

(813) 864-0795

0377511