

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049936 (3)

1. Corporation Name  
HARBOR ISLAND PARTNERS, INC.



Principal Place of Business

7900 LARRY PASKOW WAY  
NORTH BAY VILLAGE  
MIAMI FL 33141

Mailing Address

7900 LARRY PASKOW WAY  
NORTH BAY VILLAGE  
MIAMI FL 33141-3300

3. Date Incorporated or Qualified  
06/10/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business  
21 7914 EAST DRIVE

2a. Mailing Address  
26 7914 EAST DRIVE

4. FEI Number  
65-0672697

Applied For  
Not Applicable

Suite Apt. # etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State  
23 NORTH BAY VILLAGE, FL

27 City & State  
28 NORTH BAY VILLAGE, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
33141

25 Country  
USA

29 Zip  
33141

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R  
200 S. BISCAYNE BOULEVARD  
SUITE 2100  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PASKOW, ROSALEE	
STREET ADDRESS	7900 LARRY PASKOW WAY, N. BAY VILLAGE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASKOW, MICHAEL	
STREET ADDRESS	7900 LARRY PASKOW WAY, N. BAY VILLAGE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASKOW, GEOFFREY	
STREET ADDRESS	7900 LARRY PASKOW WAY, N. BAY VILLAGE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASKOW, IRA	
STREET ADDRESS	7900 LARRY PASKOW WAY, N. BAY VILLAGE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7914 EAST DRIVE
1.4 CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7914 EAST DRIVE
2.4 CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7914 EAST DRIVE
3.4 CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7914 EAST DRIVE
4.4 CITY-ST-ZIP	NO. BAY VILLAGE, FL. 33141
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 unchanged or on an attachment with an address.

SIGNATURE: MICHAEL PASKOW 2/25/97 305 7519603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

0194490

CP2E034 (9/96)