

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000029093 (6)
 1. Corporation Name
BANNOURA, HARVAN P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE S. OCEAN, STE. 322 BOCA RATON FL 33432	Mailing Address ONE S. OCEAN, STE. 322 BOCA RATON FL 33432
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3. Date Incorporated or Qualified 04/01/1997	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0749324		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 40 NE 7th Ave	26 40 NE 7th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Country USA
24	25
28	30

9. Name and Address of Current Registered Agent

BANNOURA, JAMES
ONE S. OCEAN, STE. 322
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Bannoura, James
82 Street Address (P.O. Box Number is Not Acceptable) 4130 NW 10th Street
83
84 City Delray Beach
85 Zip Code FL 33445

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

TITLE D	<input type="checkbox"/> DELETE
NAME BANNOURA, JAMES G	
STREET ADDRESS 4130 NW 10 ST.	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE D	<input type="checkbox"/> DELETE
NAME HARVAN, DAVID M	
STREET ADDRESS 266 THREE ISLAND BLVD., #203	
CITY-ST-ZIP HALLANDALE FL 33000	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 409 US highway #1 APT. # 208C	
2.4 CITY-ST-ZIP North Palm Beach, FL 33408	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 an attachment with an address.

SIGNATURE: **JAMES BANNOURA** 4-6-98 561-272-4976

CR2E034 (10/97)