**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700050927

1. Corporation Name

HARBOR TOWN MANAGEMENT GROUP, INC.

Principal Place	e of Business	Mailing Address				I (MAILEM NE SEU) LE SEU ESTU		***********		
324 DATURA STREET		324 DATURA STREET. SUITE 303								
SUITE 200		SUITE 200			20 1107 1170	TE 101 TIMO	22405			
WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed				
	<del> </del>	1 - 11-11- 11-1				06/09/1997 4. FEI Number			Applied For	_
<u> </u>	lace of Business	2a. Mailing Address				,		$\vdash$	Applied For Not Applicable	
21		26				65-0786104		¢0.7	5 Additional	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			e Required	
22 City 8 Stat	<u> </u>	City & State				. Sheeting Commission Financing			00 May Be	-
City & State	e	ļ				6. Election Campaign Financing Trust Fund Contribution		•	ed to Fees	
23 Zin	Country	Zip	Count	hrv			ront upor lots		160 10 1 003	-
		29 30				This corporation owes the current year Intangible     Personal Property Tax.				
24	25 9. Name and Address of Current		1301			10. Name and Address of New I	Registered /			-
	9. Name and Address of Current	Registered Agent	8	31 N	ame	10. 1441		<u> </u>		_
HAY	ES, RONALD W JR									_
1	DATURA STREET, SUITE 303		8	32 S1	treet Addre	ess (P.O. Box Number is Not Accepta	able)			
1	E 200		<u> </u>	33			<del></del>			-
1	ST PALM BEACH FL 33401			~						
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11. Pursuant office or r	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized b	JV&-118	comoratio	in's board of directors. I hereby accep	pt the appoir	tment a	s registered	
				by the	COLDOLGIO					
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agent. I a	im familiar with, and accept the obligation	t and title if applicable. (NOTE	E: Registered A	es.		d when reinstating)	DATE			_
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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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

659 1196 (561)

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90035 043 \*\*\*150.00

Daytime Phone #