

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90122 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000053613**

1. Corporation Name  
**HRA EGYPT LAKE, INC.**



Principal Place of Business 1177 KANE CONCOURSE BAY HARBOR FL 33154	Mailing Address 1177 KANE CONCOURSE BAY HARBOR FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/16/1998</b>	
21	26	4. FEI Number <b>65-0843283</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip Country		29. Zip Country		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent			
B1 Name <b>Robert Dorfman</b>		B2 Street Address (P.O. Box Number is Not Acceptable) <b>Harbor Realty Advisors, Inc.</b>		B3 <b>1177 Kane Concourse</b>		B4 City <b>Bay Harbor FL</b>	
				B5 Zip Code <b>33154</b>			

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]* DATE: **1/4/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	COTTON, LEONARD W		1.1 TITLE			
NAME		1177 KANE CONCOURSE		1.2 NAME			
STREET ADDRESS		BAY HARBOR FL 33154		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	GILDEA, JOHN		2.1 TITLE			
NAME		90 FERRIS HILL ROAD		2.2 NAME			
STREET ADDRESS		NEW CANAAN CT		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	MCMANUS, CHRISTOPHER		3.1 TITLE			
NAME		37 GLEN RIDGE ROAD		3.2 NAME			
STREET ADDRESS		WILTON CT 06897		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	VP	Robert Dorfman		4.1 TITLE			
NAME		1177 Kane Concourse		4.2 NAME			
STREET ADDRESS		Bay Harbor, Fl. 33154		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	VP	Carol Mackinnon		5.1 TITLE			
NAME		1177 Kane Concourse		5.2 NAME			
STREET ADDRESS		Bay Harbor, Fl. 33154		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: *[Signature]* DATE: **1/4/99** DAYTIME PHONE: **305 865-8011**

CR2E034 (11/98)