


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

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

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000088064					
1. Corporation Name DAURS, INC. HARBOR GROUP OF FLORIDA, INC.					
Principal Place of Business 4201 WEST WATROUS AVENUE TAMPA FL 33629			Mailing Address 4201 WEST WATROUS AVENUE TAMPA FL 33629		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 18552		10/15/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip Country		28 Tampa, FL		59-3537860	
24 Zip Country		29 33679		30 USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DAURIE, SUSAN 4201 WEST WATROUS AVENUE TAMPA FL 33629			81 Name Krone Weidlen		
			82 Street Address (P.O. Box Number is Not Acceptable) 4201 W. Watrous Ave		
			83		
			84 City Tampa FL 85 Zip Code 33629		
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 Krone Weidlen DATE 4-28-99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE Vice-President, Secretary-Treasurer					
1.2 NAME Susan Daurie					
1.3 STREET ADDRESS 4201 W. Watrous Ave					
1.4 CITY-ST-ZIP Tampa, FL 33629					
2.1 TITLE President					
2.2 NAME Krone Weidlen					
2.3 STREET ADDRESS 4201 W. Watrous Ave					
2.4 CITY-ST-ZIP Tampa, FL 33629					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-28-99

813-289-3208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0396508