


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

FILED

Feb 05 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 # S39568 (8)
1. Corporation Name
HOME 'N HARBOUR REALTY, INC.



Principal Place of Business Mailing Address
~~255 GOLDEN BEACH DR.~~ 120 S ISLAND DR.
GOLDEN BEACH FL 33160 120 SOUTH ISLAND
US GOLDEN BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 120 SOUTH ISLAND DR		26		03/20/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0259838	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 GOLDEN BEACH FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		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	
24 33160		25 DADE		29	
30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WITT, MALCOLM 255 GOLDEN BEACH DR. GOLDEN BCH. FL 33160		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		120 SOUTH ISLAND DRIVE	
		83	
		84 City Golden Beach FL 85 Zip Code 33160	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WITT, MALCOLM		1.2 NAME	
STREET ADDRESS 255 GOLDEN BEACH DR		1.3 STREET ADDRESS 120 SOUTH ISLAND DRIVE	
CITY-ST-ZIP GOLDEN BEACH FL		1.4 CITY-ST-ZIP Golden Beach, FL 33160	
TITLE V <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WITT, MARSHA		2.2 NAME	
STREET ADDRESS 255 GOLDEN BEACH DR.		2.3 STREET ADDRESS 120 SOUTH ISLAND DRIVE	
CITY-ST-ZIP GOLDEN BEACH FL		2.4 CITY-ST-ZIP Golden Beach, FL 33160	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(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:

SIGNATURE REQUIRED

[Signature] 1-28-98

CR2E034 (10/97)