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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$40440

(7)

HARRIS MANAGEMENT SERVICES, INC.

FILED									
Mar 05 1997 8:00am									
Secretary of State									

Principal Pla	ce of Business	Mail	Mailing Address					T TROUTER THE DIRECT ARRIVE AND THE MENT AND THE MENT AND THE MENT AND THE ARRIVE AND THE TRANSPORTER AND THE FEMALE AND THE ARRIVE AND THE A			
26880 WEDGEWOOD DR. SUITE 304			26880 WEDGEWOOD DR STE 304								
BONITA SPRINGS FL 33923			BONITA SPRINGS FL 34134-2672 US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1991 03/19/1996				
2. Frincipal	Place of Business	2a. l	Mailing Address				4. FEI Number	1 001		pplied For	
21		26					65-0261839			lot Applicable	
Suite, Apl	t #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27					5. Certificate of Status Desireo		Fee F	Required	
City & Str	ale	(City & State				6. Election Campaign Financing	_	\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
- Ζφ 	Country	ļq	Ζφ		untry		8. This corporation has liability for it			s. 199.032,	
24	[25] g. Name and Address of Curr	29	rod Agont	30	_		Florida Statutes 10. Name and Address of New Re		No		
<u></u>		ent negiste	sed Agent		B1	Name	10. Name and Address of New No	giatalau r	Anur		
	RRIS, B.J.				Ľ	rearro					
	80 WEDGEWOOD DR #304			82	Street	Address (P.O. Box Number is Not Acceptab	le)				
BUI	NITA SPRINGS FL 33923				83						
					84	City		FL	85 Zip	Code	
44 (2)	the base are injury at East one 607.0	00 004 60	7 1500 Florido Sto	t doo doo e		nomed.	corporation submits this statement for the p		chancing	ita sagistarad	
office or	registered agent, or both, in the Sta	te of Florida	 Such change wa 	is authorize	ed by	the corp	poration's board of directors. I hereby accep	of the appoint	ointment a	s registered	
agent I	and farm our with, and accept the ob-	igations of,	Section 607.0505,	Florida Sta	tutes	S.					
SIGNATURE	Stgrummanty and or point diname of registers dis		moderate th	OTE Bondow	d Age	not signature	required when reinstating)	DATE			
12.	OFFICERS A			13.		or or Grind Corp	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
10116	D		DELETE	1.1 T					☐ Change		
NAME	GRODD, LESLIE E.				IAME				•		
STREET ADDRESS	044 0007 0040 F407					ADDRESS					
C-TY+ST+ZiP	WESTPORT CT			1		1 - ZIP					
THILE	PT		DELETE	211					Change	Addition	
NAVE	HARRIS, B.J.			2.2 1	IAME						
STHEFF ADDRESS	AAAAA MEROMUOOD DD KA	04		2.3 5	TREET	ADDRESS			,		
011Y+\$1+7P	BONITA SPGS FL					ST-ZIP					
THLE	VPS		DELETE	3.1 T	_				Change	Addition	
NAMé	HARRIS, EMILY P			3.2 1	IAME						
STREET ADDRESS	ACCOUNTED OF MICON DO MA	04		3,3 9	TREET	ADDRESS					
CITY ST-ZIP	BONITA SPGS FL			34	CITY-:	ST-ZIP					
TITLE			DELETE	417					☐ Change	Addition	
NAME				4.2	NAME						
STREET ADDRESS				435	TREET	ADDRESS					
CITY-S1-Z#				440	OITY - S	IT-ZIP					
301.6			DELETE	511		·····			Change	Addition	
NAME				521	IAME		•				
STREET ADDRESS						ADDRESS					
C01Y+S1+ZiP				1		ST-ZIP					
TITLE	, and a second		DELETE	617					Change	Addition	
NAMi					VAME				_		
STEFFFFADORESS	;					ADDRESS					
CHY-S1-7IP				1		ST - ZIP					
H-22-7	·			0.41				1 T Ab	176 - 16		

. I do 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 path; 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 chapter 6, or on an attachment with an address.

SIGNATURE:

INTERIOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR