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Secretary of State

06-22-1999 90004 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S40440 ✓
 1. Corporation Name
HARRIS MANAGEMENT SERVICES, INC.

Principal Place of Business
 26880 WEDGEWOOD DR.
 SUITE 304
 BONITA SPRINGS FL 33923

Mailing Address
 26880 WEDGEWOOD DR
 STE 304
 BONITA SPRINGS FL 33923
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3341 Riviera Lakes Ct.		26 3341 Riviera Lakes Ct.		03/25/1991	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0261839	
23 City & State		28 City & State		5. Certificate of Status Desired	
Bonita Springs, FL		Bonita Springs, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
34134		34134		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible	
US		US		Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, B.J. 26880 WEDGEWOOD DR #304 BONITA SPRINGS FL 33923		81 Name Harris, B.J. 82 Street Address (P.O. Box Number is Not Acceptable) 3341 Riviera Lakes Ct. 83 84 City Bonita Springs FL 85 Zip Code 34134	

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	D	1.1 TITLE	
NAME	GRODD, LESLIE E.	1.2 NAME	
STREET ADDRESS	943 POST ROAD EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	PT
NAME	HARRIS, B.J.	2.2 NAME	Harris, B.J.
STREET ADDRESS	26880 WEDGEWOOD DR #304	2.3 STREET ADDRESS	3341 Riviera Lakes Ct.
CITY-ST-ZIP	BONITA SPGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	VPS	3.1 TITLE	VPS
NAME	HARRIS, EMILY P	3.2 NAME	Harris, Emily P.
STREET ADDRESS	26880 WEDGEWOOD DR #304	3.3 STREET ADDRESS	3341 Riviera Lakes Ct.
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		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)(l), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/99 (941) 947-0000
 Date Daytime Phone

CR2E034 (11/98)