

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S74961 (1)

1. Corporation Name

HARBOR MANAGEMENT SERVICES, INC.

Principal Place of Business

**20850 SOUTH DIXIE HIGHWAY
P. O. BOX 924176
HOMESTEAD FL 33033**

Mailing Address

**20850 SOUTH DIXIE HIGHWAY
P. O. BOX 924176
HOMESTEAD FL 33033**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/21/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0274217

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 27501 So. Dixie Hwy

2a. Mailing Address

26 P.O. Box 924176

Suite, Apt. #, etc.

22 Suite 409

Suite, Apt. #, etc.

27

City & State

23 Homestead, FL

City & State

28 Homestead, FL

Zip

24 33032

Country

25 Dade

Zip

29 33092-4176

Country

30 Dade

9. Name and Address of Current Registered Agent

**VAN HOOK, RAYMOND D.
28501 SOUTH DIXIE HIGHWAY #409
MIAMI FL 33032**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**27501 So. Dixie Highway
Suite 409**

83 City

Homestead

FL

85

Zip Code

33032

11. Pursuant to the provisions of Sections 607.0505 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]

(NOTE: Registered Agent signature required when reinstating)

1/16/95

12. OFFICERS AND DIRECTORS

TITLE	DTs
NAME	VAN HOOK, MICHELLE L.
STREET ADDRESS	28511 SW 144 AVENUE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	DP
NAME	VAN HOOK, RAYMOND D.
STREET ADDRESS	28511 SW 144 AVENUE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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] **Michelle Van Hook, Sec/Leas** **Jan 31, 1995** **376-3867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name