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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81127

(0)

HARRIS AUTOMOTIVE INC.

Principal Place of Business	Mailing Add
rincipal riace of pusitioss	ivianing Au

Mailing Address

FILED May 02 1997 8:00am Secretary of State



1023 OLD OKEE WEST PALM BE		1023 OLD OKEECHOBEE RD WEST PALM BEACH FL 334	023 OLD OKEECHOBEE RD. VEST PALM BEACH FL 33401							
						3. Date Incorporated or Qualified 09/18/1991	3a. Date of 06/14/1 9		leport	
2. Principal Place of Business A 2a. Mailing Address						4. FEI Number	1	r	oplied For	
21 12.25	OID Okeechobee rd.	26 1225 OID Okeechobee			zrd.	65-0274188			ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	arrona e e e a e (see mila		- · · · · ·	5. Certificate of Status Desired	1 1 '	3.75	Additional equired	
City & State	~ . // /	City & State 28 West Falm	Bear	L	FL	Election Campaign Financing Trust Fund Contribution	\$	5.00	May Be to Fees	
Zip	Country	ZIP ZIP	Oou							
24 3340		33401	30 V							
	9. Name and Address of Current	Registered Agent	3.2.1. <u>V.2.</u>		<u> </u>	10. Name and Address of New Reg	istered Agen	i		
HARF	RIS, STEVEN T.			81	Name					
	ALISON DRIVE			82	Crant Andri	(0.0 0)				
	T PALM BEACH FL 33409			82	atreet Addi	ress (P.O. Box Number is Not Acceptabl	0)			
				83						
					·					
				84	City		FL 85	Zφ	Code	
Office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	ulinorized	d by ti	named corp he corporat	poration submits this statement for the pition's board of directors. I hereby accept	roose of char	nging it ent as	is registered registered	
SIGNATURE	Signature, typed or printed name of registered agen-	Aresident and sile il applicable. (NOTE	Registeres	d Agent	signature requir	4/2, red when reinstating)) 197 DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	RS IN 12	
TITLE	P	DELETE	1.110	LE				hange	☐ Addition	
NAME	HARRIS, STEVEN T.		1.2 N/	MF					:	
STREET ADDRESS	1552 ALISON DR.		1.3 ST	REE1 AT	DORESS					
CITY-ST-ZIP	WEST PALM BEACH FL		1,4 C(TY		7IP					
TITLE	S DELETE 2.174		ILE				hange	Addition		
NAME			2 & NAME							
STREET ADDRESS			2.\$ STREET ADORESS		DORESS	••				
CITY-ST-ZIP	WEST PALM BCH. FL		2. A C	TY-\$1-	- ZIP					
TITLE	DELETE 3.1 TI		3.1 111	TLE				hange	Addition	
NAME			3.8 NA	AME						
STREET ADDRESS			3.3 \$1	REET AT	ODRESS					
CITY-ST-ZIP			3.≰. CI	11Y - ST -	- ZIP					
TITLE		☐ DELETE	4.5 70	ILE			□ (hange	Addition	
NAME			4. 2 N.	AME						
STREET ADDRESS			4.3 ST	REET AF	ODRESS					
CITY-ST-ZIP			4.4 Cf	1y - S1	ZIP					
TITLE		☐ DELFTE	5.1 TITLE				□ (hange	Addition	
NAME			5.2 NA	AME						
STREET ADDRESS			5.3 ST	REET AE	ODRESS					
CITY-ST-ZIP			5. 4 Cl	1y-S1-	ZIP					
TITLE		☐ DELETE	6.1 11	ILE		A STATE OF THE STA		hange	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 ST	REET AF	ODRESS					
CITY-ST-ZIP			6. 4 CI	1Y - S1 -	ŽIP					
	ov certify that the information supplied	with this filing does not qualify				d in Section 119 07(3)(i) Florida Statules	I further certi	fy 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 eath; 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.