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

CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V20251

Country

9. Name and Address of Current Registere

25

MITCHELL W LEGLER

SUITE 3104

ONE INDEPENDENT DR

JACKSONVILLE FL 32202

(7)

HARBOR WALK, INC.

Mailing Address

Principal Place of Business 885 HIGHWAY 98 EAST SUITE 60 **DESTIN FL 32541**

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

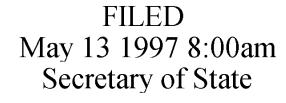
の一般を開

385 HIG SUITE

26

27

28



SUITE 60 DESTIN FL 32541-2351								
					Date of Last Report)4/18/1996			
2a. Mailing Address			4. FCI Number		Applied For			
26			59-3110940		Not Applicable			
Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Z ₁ p 30	Country	'	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutos					
gistered Agent			10. Name and Address of New Registered Agent					
	81	Name						
	82	Street Ad	Idress (P.O. Box Number is Not Accepta	able)				

83

84 City

agent. I an	n familiar with, and accept the obligations of, Section 60	7. 050 5, Florida	a Statules.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	appointment do	registered (
SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	·	required when reinstating) DAT		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE		DELETE	to title		Change	Addition
NAME	BOS, PETER H.	J	1.2 NAME			}
STREET ADDRESS	385 HIGHWAY 98 EAST	l l	1,3 STREET ADDRESS			ľ
CITY+ST-ZIP	DESTIN FL		1.4 CITY - ST - ZIP			
TITLE	•	DELETE	2.1 TITLE		Change	Addition]
NAME	CLAUSON, GREG D	1	2 2 NAME			
STREET ADDRESS	385 HWY 98 E		2.3 STREET ADDRESS			}
CITY-ST-ZIP	DESTIN FL		2.4 CITY - ST-ZIP			
TITLE	-	DELETE	3.1 TITLE		Change	Addition
NAMÉ	PARKER, WENDY		3.2 NAME			İ
STREET ADDRESS	385 HWY 98 E		3.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		3 4. CITY-ST-ZIP			
MILE	[,]	DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			ı
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NÁME)			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	w certify that the information scholied with this films doe		6.4 CITY - ST - 7IP			

I do manage certify that the information sempnise path this timing does not quality for the exemption stated in Section 119.07(310). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in 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 comoration of the receiver or trusted 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:

/Peter H. Bos

4/14/97

904-654-6500

Zip Code