

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V42187 (7)
1. Corporation Name
HARBOUR ASSOCIATES, INC.



Principal Place of Business: **420 KNIGHTS RUN AVE. TAMPA FL 33602**
Mailing Address: **420 KNIGHTS RUN AVE. TAMPA FL 33602**

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **04/13/1995**

21. Principal Place of Business 800 S. Harbour Island Blvd Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address 800 S Harbour Island Blvd Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 59-3129663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>						7. \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>						7. \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent FURTADO, DONALD A 420 KNIGHTS RUN AVENUE TAMPA FL 33602				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable) 800 S. Harbour Island Blvd			
83.				84. City			
				85. Zip Code FL			

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: *Donald A. Furtado* **Donald A. Furtado** **4/29/96**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HARVEY, THOMAS H III 420 KNIGHTS RUN AVE TAMPA FL	1.1 TITLE	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	800 S. Harbour Island Blvd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS FURTADO, DONALD A 420 KNIGHTS RUN AVE TAMPA FL	2.1 TITLE	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	800 S. Harbour Island Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S BULLARD, SANDRA S 420 KNIGHTS RUN AVE TAMPA FL	3.1 TITLE	<input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S WOODBURG, MARK 420 KNIGHTS RUN AVE. TAMPA FL	4.1 TITLE	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Woodbury, Mark
STREET ADDRESS		4.3 STREET ADDRESS	800 S. Harbour Island Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FURTADO, JANE G.
STREET ADDRESS		5.3 STREET ADDRESS	800 S. Harbour 1st. Blvd. Tampa 33602
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Harvey Florence
STREET ADDRESS		6.3 STREET ADDRESS	800 S. Harbour 1st. Blvd Tampa, FL 33602
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies that the information indicated on this annual report or supplemental annual report (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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Mark Woodbury* **4/30/96** **(813)202-1872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)