

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # V60679

1. Corporation Name

THE HARBOUR CENTER, INC.

Principal Place of Business

Mailing Address

2401 PGA Blvd., Suite 168
Palm Beach Gardens, FL 33410

2. Principal Place of Business

2a. Mailing Address

21 2401 PGA Blvd.

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 280

27

Suite 280

City & State

City & State

23 Palm Beach Gardens, FL

28

Zip

Country

Zip

Country

24 33410

25

Palm Beach

29

30

3. Date Incorporated or Qualified

8/28/92

3a. Date of Last Report

2/29/96

4. FEI Number

65-0354883

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAYNE REGESTER BARKDULL, ESQUIRE
LEVY, KNEEN, MARIANI, CURTIN,
WIENER, KORNFELD & DEL RUSSO, P.A.
1400 Centrepark Blvd., Suite 1000
West Palm Beach, FL 33401

81 Name

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

83

84 City

FL

85

Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRESTON, JOHN W.S.	
STREET ADDRESS	2401 PGA Blvd., Suite 280	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COHEN, PETER F.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GREEN, ROBERT S.	
STREET ADDRESS	2851 John Street, Suite One	
CITY-ST-ZIP	Markham, Ontario, Canada L3R 5R7	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002177140
-05/13/97--01091--006
***165.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Green April 15, 1997 (905) 477-9200

Date

Daytime Phone #

CR2E034 (9/96)