

**FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 298358 (3)

1. Corporation Name  
**HARRINGTON & COMPANY, INC.**



Principal Place of Business Mailing Address  
P. O. BOX 013901 899 S AMERICA WAY MIAMI FL 33101  
P. O. BOX 013901 899 S AMERICA WAY MIAMI FL 33101

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 City 30

3. Date Incorporated or Qualified 11/02/1965 3a. Date of Last Report 04/17/1995  
4. FEI Number 59-1107657 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

HARRINGTON, N L  
899 S AMERICA WAY  
MIAMI FL 33132

10. Name and Address of New Registered Agent

11 Name  
12 Street Address (P.O. Box Number is Not Acceptable)  
13  
14 City FL 15 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE S DELETED  
NAME STINSON, LOUIS J  
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305  
CITY-ST-ZIP CORAL GABLES FL  
TITLE CD DELETED  
NAME HARRINGTON, N L  
STREET ADDRESS 899 S AMERICA WAY  
CITY-ST-ZIP MIAMI, FLORIDA 00000  
TITLE VPD DELETED  
NAME HARRINGTON, S C  
STREET ADDRESS 899 S AMERICA WAY  
CITY-ST-ZIP MIAMI FL  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP Change Addition  
15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY-ST-ZIP Change Addition  
19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY-ST-ZIP Change Addition  
23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY-ST-ZIP Change Addition  
27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Stephen C. Harrington* Vice President 1/24/96 358-5621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)