

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Neffner  
Secretary of State

DOCUMENT # **638805** (2)

HARBOUR ISLAND INC.

1. Principal Office (Street, City, State, Zip) <b>424 KNIGHTS RUN AVE TAMPA FL 33602 US</b>		2a. Mailing Address <b>300 BENEFICIAL CENTER PEAPACK NJ 07977 US</b>		3. Date of Incorporation (DD/MM/YY) <b>09/27/1979</b>		3a. Date of Last Report <b>05/01/1994</b>	
2. Principal Office Telephone Number <b>21</b>		2b. Mailing Address Telephone Number <b>26</b>		4. FIC Number <b>51-0256917</b>		Applied For <input type="checkbox"/> Not Applicable	
State App. # File <b>22</b>		State App. # File <b>27</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24		25		29		30	

9. Name and Address of Current Registered Agent <b>KERR, DAVID C.G. 211 EAST MADISON STREET, 23RD FLOOR TAMPA FL 33602</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Applicable)			
				83			
				84 City		85 Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.1501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 Sections 607.1501, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D <b>CASPERSEN, FINN M W 301 N. WALNUT ST. WILMINGTON DE</b>	1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY, STATE, ZIP	Vice President <b>James Tarbet 424 Knights Run Ave. Tampa, FL 33602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PD <b>MCGOUGH, THOMAS P. 301 N. WALNUT ST. WILMINGTON DE</b>	2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY, STATE, ZIP	Secretary <b>Matthew J. Broas 200 Beneficial Center Peapack, NJ 07977</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	VAS <b>COOK, MARIA F 300 BENEFICIAL CENTER PEAPACK NJ</b>	3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY, STATE, ZIP	ASSISTANT VICE PRESIDENT <b>SCOTT K. RHINEHART 300 BENEFICIAL CENTER PEAPACK, NJ 07977</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D <b>CHARLES H. WATTS 301 N. WALNUT ST. WILMINGTON DE</b>	4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D <b>FARRIS, DAVID J. 301 N. WALNUT ST. WILMINGTON NJ</b>	5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D <b>HILLIER, J. ROBERT 77 ALEXANDER ROAD PRINCETON NJ</b>	6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 110.021, Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name and the name of the officer or director of the corporation and the name of the broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report in accordance with its address.

SIGNATURE: *S.K. Rhinehart* **S.K. RHINEHART, AVP 4/24/95 (908) 781-3381**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR