

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **638805** (2)

1. Corporation Name  
**HARBOUR ISLAND INC.**



Principal Place of Business  
**424 KNIGHTS RUN AVE.  
TAMPA FL 33602  
US**

Mailing Address  
**300 BENEFICIAL CENTER  
PEAPACK NJ 07977  
US**

2. Principal Place of Business  
21 [ ]  
22 [ ]  
23 [ ]  
24 [ ]

2a. Mailing Address  
26 [ ]  
27 [ ]  
28 [ ]  
29 [ ]

3. Date Incorporated or Qualified **09/27/1979**

3a. Date of Last Report **05/01/1995**

4. FEI Number **51-0256917**

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

**KERR, DAVID C.G.  
211 EAST MADISON STREET, 23RD FLOOR  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 607.0107 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0107, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASPERSEN, FINN M W</b>	
STREET ADDRESS	<b>301 N. WALNUT ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGOUGH, THOMAS P.</b>	
STREET ADDRESS	<b>301 N. WALNUT ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>RHINEHART, SCOTT K</b>	
STREET ADDRESS	<b>300 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHARLES H. WATTS</b>	
STREET ADDRESS	<b>301 N. WALNUT ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRIS, DAVID J.</b>	
STREET ADDRESS	<b>301 N. WALNUT ST.</b>	
CITY-ST-ZIP	<b>WILMINGTON NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLIER, J. ROBERT</b>	
STREET ADDRESS	<b>77 ALEXANDER ROAD</b>	
CITY-ST-ZIP	<b>PRINCETON NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<b>PRESIDENT &amp; DIRECTOR</b>
17 STREET ADDRESS	<b>MATTHEW J. BROAS</b>
18 CITY-ST-ZIP	<b>200 BENEFICIAL CENTER</b>
19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	<b>PEAPACK, NJ 07977</b>
21 STREET ADDRESS	<b>VICE PRESIDENT &amp; SEC'Y</b>
22 CITY-ST-ZIP	<b>CHARLES D. BROWN</b>
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	<b>200 BENEFICIAL CENTER</b>
25 STREET ADDRESS	<b>PEAPACK, NJ 07977</b>
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 13 of this report or on an attached card with an address.

SIGNATURE: *Charles D. Brown* CHARLES D. BROWN, VP & SEC'Y 4/10/96 (908) 781-3381

CR2E034 (12/95)