

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1979	
21		26		4. FEI Number 51-0256917	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPERSEN, FINN M W	12 NAME	
STREET ADDRESS	301 N. WALNUT ST.	13 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW J. BROAS	22 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	23 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES D. BROWN	32 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	33 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES H. WATTS	42 NAME	
STREET ADDRESS	301 N. WALNUT ST.	43 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, DAVID J.	52 NAME	
STREET ADDRESS	301 N. WALNUT ST.	53 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON NJ	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIER, J. ROBERT	62 NAME	
STREET ADDRESS	77 ALEXANDER ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles D. Brown* **Charles D. Brown** 4/27/98 908 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Public # 0534059

CR2E034 (10/97)