

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

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90001 016 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38627

1. Corporation Name  
HARBERT REALTY SERVICES, INC.

Principal Place of Business  
1901 6TH AVE. N. #2520  
BIRMINGHAM AL 35203

Mailing Address  
1901 6TH AVE. N. #2520  
BIRMINGHAM AL 35203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/01/1992	
4. FEI Number 63-1063660		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				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 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	CD <input type="checkbox"/> DELETE
NAME	HARBERT, RAYMOND J.
STREET ADDRESS	1901 6TH AVE. N., #2520
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	EARLES, BARNETT J.
STREET ADDRESS	1901 6TH AVE. N., #2520
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	V <input type="checkbox"/> DELETE
NAME	FINDLEY, KENNETH B.
STREET ADDRESS	1901 6TH AVE. N., #2520
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	<del>EXP</del> P <input type="checkbox"/> DELETE
NAME	LYNCH, HARRY M.
STREET ADDRESS	1901 6TH AVENUE NORTH, SUITE 2520
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	C <input type="checkbox"/> DELETE
NAME	ECHOLS, MARY C.
STREET ADDRESS	1901 6TH AVENUE NORTH, SUITE 2520
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM W. BROOKE
6.3 STREET ADDRESS	ONE RIVERCHASE PARKWAY SOUTH
6.4 CITY-ST-ZIP	BIRMINGHAM, AL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)