

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J14604 (9)

1. Corporation Name
HARTMAN REAL ESTATE, INC.



Principal Place of Business: **400 FLAMINGO STUART FL 34996 US**
Mailing Address: **400 FLAMINGO AVE STUART FL 34996 US**

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date incorporated for Florida: **05/16/1986**
3a. Date of Last Report: **06/08/1995**
4. FID Number: **65-0091053**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
7. This corporation has liability for intangible tax under s. 190.022, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HARTMAN, PETER
400 FLAMINGO AVE
STUART FL 34996**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, Florida Statutes, the above named corporation elects to substitute for the purpose of changing its registered office or registered agent, or both, in the State of Florida, its change of agent or board of directors. Thereby, absent the appointment of a registered agent, I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

DELETED

DELETED

DELETED

DELETED

DELETED

DELETED

DELETED

TITLE	DP	
NAME	HARTMAN, PETER	
STREET ADDRESS	400 FLAMINGO AVE.	
CITY-STATE-ZIP	STUART FL	
TITLE	VD	
NAME	HARTMAN, REBECCA	
STREET ADDRESS	400 FLAMINGO AVE.	
CITY-STATE-ZIP	STUART FL	
TITLE	ST	
NAME	HARTMAN, REBECCA	
STREET ADDRESS	400 FLAMINGO AVE	
CITY-STATE-ZIP	STUART FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '96

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this Report is a true, correct and complete statement of the facts and circumstances for the reporting period. I do hereby certify that the information indicated on this annual report or supplement annual report is true and a correct and final filing. 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 president or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 (Deleted) or both as applicable.

SIGNATURE: *Peter Hartman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

407-220-0233

CR2E034 (12/95)