

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L03464 (9)
 1. Corporation Name
345 HARDING CIRCLE REALTY, INC.



Principal Place of Business: **79 MAIN ST. HACKENSACK NJ 07601**
 Mailing Address: **79 MAIN ST. HACKENSACK NJ 07601**

3. Date Incorporated or Qualified: **07/20/1989** 3a. Date of Last Report: **07/25/1995**
 4. FEI Number: **58-1852829** Applied For: Not Applicable
 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

2. Principal Place of Business: 21. Suite, Apt #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 27. Suite, Apt #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
BLOOMBERG, GEORGE
79 MAIN ST.
HACKENSACK NJ 07601

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 in block in the space provided for the registered agent and the applicable (b)(3)(E) Registered Agent signature required when found (b)(3)(E)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMBERG, GEORGE	12 NAME	
STREET ADDRESS	11 CARBURY RD	13 STREET ADDRESS	
CITY - ST - ZIP	WAYSIDE NJ	14 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHSEL, JOHN L.	22 NAME	
STREET ADDRESS	79 MAIN STREET	23 STREET ADDRESS	
CITY - ST - ZIP	HACKENSACK NJ	24 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMBERG, JULIE	32 NAME	
STREET ADDRESS	11 CCARBUR RD	33 STREET ADDRESS	
CITY - ST - ZIP	WAYSIDE NJ	34 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUZIA, RICHARD M.	42 NAME	
STREET ADDRESS	12 B TRIUMPH CT	43 STREET ADDRESS	
CITY - ST - ZIP	E. RUTHERFORD NJ	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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*****225.00**

7-19-96
[Signature]

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6-20-96 201-458-1400** Digitally Signed by: _____

CR2E034 (3/96)