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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097153

1. Corporation Name

hardavgar, inc. -

(P50

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90009 002 ***150.00



HOD	INC, CIER I	46116634	or n	טאטר	pr j					
Principal Place of Business Mailing Address										
17149 ROYAL COVE WAY BOCA RATON FL 33496 17149 ROYAL COVE WAY BOCA RATON FL 33496							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							11/18/1998			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Α	pplied For
21		26					65-0881920		N	lot Applicable
Suite, Apt.	e, Apt. #, etc.				5. Certifcate of Status Desired [Additional Required -		
City & Stat	e	City & \$	City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees			
Zip	Country	Zip		Cour	ntry		8. This corporation owes the current	year Inta	ingible	
24				30			Personal Property Tax.		Yes	□No
, - . · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curr		gent				10. Name and Address of New Reg	jistered /	Agent	
					81	Name				
LEONE, FREDERICK 3230 STIRLING ROAD					82	Street Addres	dress (P.O. Box Number is Not Acceptable)			
				ļ						
HOL	LYWOOD FL 33021				83					
					84	City		FL	85 Zip	Code
										to registered
l office.orr	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Fiorida, Such	change was a	utnorizea	DV	trie corporation	ration submits this statement for the purice board of directors. I hereby accept the	he appoin	itment as r	egistered
SIGNATURE										
	Signature, typed or printed name of registered a		. (NOTE	_	Agent	t signature required		DATE	D DIDEO1	
12.	, 	AND DIRECTORS	O DELETE	13.			ADDITIONS/CHANGES TO OFFIC	JERS AN	☐ Change	
TITLE	D		☐ DELETE	1.1 TIT						
NAME	GREENBERG, HAROLD			1.2 NA						
STREET ADDRESS	1			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496			1.4 CIT		T-ZIP			Change	Addition
TITLE	1		☐ DELETE	2.1 TII	Œ				Change	Addition
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 ST	REET	ADDRESS				
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP	The second secon			
TITLE			☐ DELETE	3.1 TIT	٦Ε				☐ Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	T ADDRESS				
CITY-ST-ZIP				3.4. Ci	TY-S	ST-ZIP				
TITLE			☐ DELETE	4.1 TIT	ΠE				☐ Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	TADORESS				
CITY-ST-ZIP				4.4 CF	TY-51	T- ZIP				
TITLE			DELETE	5 1 TI					☐ Change	→ Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	T ADDRESS			_	
CITY-ST-ZIP				5.4 CF	TY-ST	T-ZiP				
TITLE			☐ DELETE	6.1 TI	ILE				Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	T ADDRESS	•			
JINCE ADDRESS					TV 61	T 710				

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.