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 # 150666

HARTNETT, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90214 001 ***150.00



							PB	
Principal Place	e of Business	Mailing Address			(
1830 PONCE DE LEON BLVD. P.O. BOX 141766								
P.O. BOX 14176		CORAL GABLES FL 33114				DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33134 US						3. Date Incorporated or Qualifed		
						04/09/1947		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21	26					59-0582692	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$8.7	5 Additional	
22 27						5. Certificate of Status Desired Fee	Required	
City & State City & State				_		6. Election Campaign Financing 55.	O May Be	
23		28			,	ed to Fees		
Zip				ry		8. This corporation owes the current year Intangible		
24	25	29				Personal Property Tax.	∭ No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
			8	11 1	Name		}	
HARTNETT, WILLIAM J.				82 Street Address (P.O. Box Number is Not Acceptable)				
1720 HARRISON STREET			1_	L				
HOLLYWOOD FL 33020			8	13				
			8	14	City	FL 85 2	Zip Code	
		1007 4500 Fleside Otender	45				ite registered	
office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1506, Florida Statules, f Florida. Such change was auth ons of, Section 607.0505, Florida	orized b	by the	named corpor ne corporation	ration submits this statement for the purpose of changing is board of directors. I hereby accept the appointment a	s registered	
SIGNATURE								
	Signature, typed or printed name of registered agent			gent si	signature required w		TODE IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	PD				}		.50	
NAME	HARTNETT, WILLIAM 4565 PONCE DE LEON BLVD.		1.2 NAME		Dames			
STREET ADDRESS			1.3 STRE		Į.			
CITY-ST-ZIP			1.4 CITY-	_	Z(P	☐ Char	ige Addition	
TITLE			2.1 TITLE)		age	
NAME			2.2 NAME		}		}	
STREET ADDRESS	.		2.3 STRE		- 1	,	}	
CITY-ST-ZIP			2.4 CITY	_	ZIP	Char	ge [] Addition	
TITLE	·			3.1 TITLE			ge 🗀 , cooman	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS		` [Į	
CITY-ST-ZIP			3.4. CITY	_	ZIP	Char	ige Addition	
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NAME			4. 2 NAM				{	
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CITY-ST-ZIP		□ DELETE	4.4 CITY- S		ZIP	☐ Char	nge	
TITLE		☐ DELETE	5.1 TITLE	-	{		A LI MOGILION	
NAME			5.2 NAME		000000			
STREET ADDRESS			5,3 STRE		i			
CITY-ST-ZIP		[7] nei ere	5.4 CITY-				ngo [Taldision]	
TITLE		☐ DELETE	6.1 TITLE		}	Char	ige 🗌 Addition	
NAME			6.2 NAME		}		1	
STREET ADDRESS	• •		6.3 STRE	ET AL	DORESS ({	
CITY-ST-ZIP			6.4 CITY	-ST-Z	ZIP			

indicated on this annual report or supplied with this limits does not quality to the examplion stated in Section 1.19.01(3)(i), Florida Statutes. I further certify that the 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 ampowered.

SIGNATURE: _