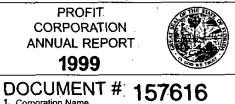
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90125 027 ***150.00

HARDEMAN INSURANCE AGENCY INC											
Diana in Colora				- 6-			<u>.</u>		5 		
Principal Place	•		ng Address								
7800 SW 57TH AVE 7800 SW 57TH AVE STE 228 STE 228									•		
S MIAMI FL 33143-5523 S MIAMI FL 33143-5523							DO NOT WRITE IN THIS SPACE				
US US								3. Date Incorporated or Qua	alifed		}
								04/01/1949			
2. Principal Pl	lace of Business	2a. M	ailing Address					4. FEI Number			Applied For
21	·	26						<u>59-0598371</u>			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desir	red 🗇		Additional Required
City & State		c	City & State					6. Election Campaign Finan	icing	\$5.0	0 MayBe
23	<u> </u>	28						Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zi	р		Country	/		8. This corporation owes the			√ ∣
24	25	29		30	<u> </u>		_	Personal Property Tax.		Yes	No
	9. Name and Address of Curren	nt Register	ed Agent		81	NI		10. Name and Address of I	New Registered	Agent	
HAR	DEMAN, DAVID, A				"	Name)			1	
	SW 57TH AVE				82	Street	Addres	ss (P.O. Box Number is Not Ad	cceptable)		
STE	,	•			02						
	ITH MIAMI FL FL 33143				83	'					
000	THE WINDING TETE GOTTO				84	City		- ":	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.	1508, Florida Sta	atutes, t	the abov	e-named	corpor	ration submits this statement for	or the purpose o	changing i	ts registered
office of fi	egistered agent, or both, in the State of manifer with, and accept the obligation	of Florida.	Such change wa	as autho	Statutor	the corp	noisaroc	is board of directors. I hereby	accept the appo	intment as	registered
		iliona oi, ot	3CUON 607.0303,	rionda	Otatores	5.					
J	· · · · · · · · · · · · · · · · · · ·	1110113 01, 00	ection 607.0303,	rionda	Statutes	5.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if ap	plicable. (N		stered Ager		required v	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if ap	plicable. (N	NOTE: Reg	estered Ager		required v	when reinstating) ADDITIONS/CHANGES To			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if ap	plicable. (N	NOTE: Reg	13.		required v			ND DIRECT	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN	nt and title if ap	plicable. (N	NOTE: Reg	13. 1.1 TITLE 1.2 NAME	nt signature					
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN 7800 SW 57THA VE STE 228	nt and title if ap	plicable. (N	NOTE: Reg	13. 1.1 TITLE 1.2 NAME						
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN 7800 SW 57THA VE STE 228 MIAMI FL	nt and title if ap	piicable. (N ORS	NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature				☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN 7800 SW 57THA VE STE 228 MIAMI FL TPD	nt and title if ap	plicable. (N	NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature					Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN 7800 SW 57THA VE STE 228 MIAMI FL TPD HARDEMAN, DAVID A.	nt and title if ap	piicable. (N ORS	NOTE: Reg	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature T ADDRESS	3			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN VSD HARDEMAN, ROBYN 7800 SW 57THA VE STE 228 MIAMI FL TPD HARDEMAN, DAVID A. 7800 SW 57 AVE STE. 228	nt and title if ap	piicable. (N ORS	NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature T ADDRESS	3			☐ Change	Addition
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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: