

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

FILED  
Mar 04 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # 200090 (9)  
1. Corporation Name  
HARTOM CORPORATION



Principal Place of Business Mailing Address  
1850 S TREASURE DR MIAMI BEACH FL 33141  
1850 S TREASURE DR MIAMI BEACH FL 33141-4343

3. Date Incorporated or Qualified 02/20/1957  
3a. Date of Last Report 02/02/1996

2. Principal Place of Business 21 2699 Collins Ave  
Suite, Apt. #, etc. 26

4. FEI Number 59-6062473  
Applied For  Not Applicable

22 111  
City & State 27 MIAMI BEACH

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 33140 USA  
Zip Country 28 30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33140 25 USA 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
TOMPKINS, LAURA  
1850 S TREASURE DR  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent  
81 Name Mitchell Martin  
82 Street Address (P.O. Box Number is Not Acceptable) 2699 Collins Ave -111  
83  
84 City MIAMI BEACH FL 85 Zip Code 33140

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] DATE 2/27/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	TOMPKINS, LAURA	
STREET ADDRESS	1850 S. TREASURE DRIVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MITCHELL MARTIN	
STREET ADDRESS	2699 COLLINS AVE -111	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 to an address.

SIGNATURE: [Signature] DATE 2/27/97 (305) 864-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)