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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:54

DOCUMENT # 325934 (8)

1. Corporation Name
HADAR, INC.

Principal Place of Business
2625 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

Mailing Address
2625 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1968		3a. Date of Last Report 05/01/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1219289		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HADAR, CAROLYN
2625 N.E. INDIAN RIVER DRIVE
JENSEN BEACH FL 33457

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 name of registered agent and title of registration.

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1. TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HADAR, CAROLYN	12. NAME	CAROLYN HADAR
STREET ADDRESS	2625 N.E. INDIAN RIVER D	13. STREET ADDRESS	2625 N.E. INDIAN RIVER DR
CITY - ST - ZIP	JENSEN BCH FL	14. CITY - ST - ZIP	JENSEN BEACH, FL 34957
TITLE		21. TITLE	VIC ☒ Change ☐ Addition
NAME		22. NAME	BRUCE HADAR
STREET ADDRESS		23. STREET ADDRESS	1622 N.E. 22 ST.
CITY - ST - ZIP		24. CITY - ST - ZIP	JENSEN BEACH, FL 34957
TITLE		31. TITLE	ST ☒ Change ☐ Addition
NAME		32. NAME	NANCY HADAR FINN
STREET ADDRESS		33. STREET ADDRESS	617 S.W. JEANNE AVE.
CITY - ST - ZIP		34. CITY - ST - ZIP	PORT ST. LUCIE FL 34953
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Hadar - CAROLYN HADAR 2-13-95 407-334-4759
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR