FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1ST	IS	\$550.	00
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**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 391847 (1)HARD CHROME ENTERPRISES, INC. Principal Place of Business Mailing Address 220 - 10TH STREET 220 - 10TH STREET LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/23/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1367520 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name D'ANGIO, ROBERT A JR 218 DATURA STREET Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City 85 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE \_\_ Change 1.1 TITLE ONUSKA, WILLIAM, JR. NAME 1.2 NAME 94Th ROAD NORTH 29 EDINBURGH DRIVE 3784 STREET ADDRESS 1.3 STREET ADDRESS FL 33403 PALM BCH GARDENS FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME onuska, diane l. 2.2 NAME 29 EDINBURGH DRIVE STREET ADDRESS 2.3 STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change

14. I hereby certify that the information supplied with this filling 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 an attachagen with an address. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

C!TY - ST - ZIP

1-12-97 (561)844-2529