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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 391847 1. Corporation Name

HARD CHROME ENTERPRISES, INC

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90016 025 ***150.00

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Principal Place	e of Business	Mailing Address				Eine tille iffint ibnet inter einer i	991 91911 91911 91911 919	4.6. 6.4. 184
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LAKE PARK FL		LAKE PARK FL 33403				DO NOT MIDITE	IN THE CDACE	
					- D-t- I-	DO NOT WRITE	IN THIS SPACE	
					•	corporated or Qualifed		
					11/23			Analisal Can
	lace of Business	2a. Mailing Address			4. FEI Nu		├	Applied For
21		26			59-13	<u> 67520 </u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifca	te of Status Desired [Additional Required
22		27						
City & Stat	e	City & State	-		Election	Campaign, Financing	2,45.0 بـ	l U May,Be d to Fees
23		28				and Contribution		u to rees
_ Zip ─	Country	Zip	Country	y	1	poration owes the current	year Intangible	₩No
24	25		30			al Property Tax. and Address of New Reg		
	9. Name and Address of Curre	nt Registered Agent	81	Name				
DIAM	ICIO DOBEDT A ID		01	Name	HAWK	INS , Scott	G.	
D'ANGIO, ROBERT A JR			82	Street A	ddress (P.O. Box	ess (P.O. Box Number is Not Acceptable)		
218 DATURA STREET								
WEST PALM BEACH FL 33401			83	ı	505	505 S. FLAGLER DRIVE		
			84	City	0.	BEACH		p Code
	to the provisions of Sections 607.050		1					
agent. I a	to the provisions of Sections 607,USC egistered agent, or both, in the State m familiar with, and accept the obligation of the state of	awking das			quired when reinstating)	47	A/77	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIO	NS/CHANGES TO OFFIC		
TITLE	VP ·	DELETE	1.1 TITLE		VP		Chang	je 🗌 Additio
NAME	ONUSKA, WILLIAM, JR.		1.2 NAME	/	~	USILIAM MI.		
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CITY-ST-ZIP	LAKE PARK FL 33403	_ DELETE		ET ADDRESS	IS 223 TEQUEST	, William M. SE FEOERAL TA, FL 33	Hwy. 469	ge 🔲 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 5W 844-25Z

Daytime Phone #

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