FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
· CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **548229** **(4)**

1. Corporation Name

HARDRIVES OF NORTH PALM BEACH, INC.

Principal Place of Business	Mailing Address
2350 SOUTH CONGRESS AVENUE DELRAY BCH FL 33445	2350 SOUTH CONGRESS AVENUE DELRAY BCH FL 33445

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/03/1977**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1780540** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

ELMORE, GEORGE T.
2350 SOUTH CONGRESS AVENUE
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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. Should changes occur affecting this corporation's business office, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, GEORGE T.		1.2 NAME	
STREET ADDRESS	2350 S. CONGRESS AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, DOUGLAS		2.2 NAME	
STREET ADDRESS	2350 S. CONGRESS AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELMORE, WILMA A.		3.2 NAME	
STREET ADDRESS	2350 S. CONGRESS AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate. Each officer and director listed for reinstatement or reclassification complies with Section 607.0503, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added to the report or on an attachment with an asterisk.

SIGNATURE: V _____ George T. Elmore, Pres. (407)278-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)