

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 11 09:37

**DOCUMENT # 594791 (6)**  
1. Corporation Name  
**HARDING REALTY, INC.**

Principal Place of Business Mailing Address  
**9509 HARDING AVENUE 9509 HARDING AVENUE**  
**SURFSIDE FL 33154 SURFSIDE FL 33154**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/18/1978** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-1874805** 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**  
6. This Corporation has liability for a surcharging tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**SMITH, JOSE**  
**402 AINSLEY BUILDING**  
**MIAMI FL 33132**

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 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 if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY ST ZIP  
PD **BIGELMAN, ANITA**  
**9509 HARDING AVENUE**  
**SURFSIDE FL**  
TITLE NAME STREET ADDRESS CITY ST ZIP  
STD **WASERSTEIN, MARTA**  
**9509 HARDING AVENUE**  
**SURFSIDE FL**  
TITLE NAME STREET ADDRESS CITY ST ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY ST ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY ST ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY ST ZIP  
41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY ST ZIP  
51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY ST ZIP  
61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Anita Bigelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*6/5/95* (305) 865-9811  
Date (Daytime Phone #)

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21		26		12/18/1978	04/29/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1874805	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SMITH, JOSE**  
**402 AINSLEY BUILDING**  
**MIAMI FL 33132**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELMAN, ANITA	1.2 NAME	
STREET ADDRESS	9509 HARDING AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASERSTEIN, MARTA	2.2 NAME	
STREET ADDRESS	9509 HARDING AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 the 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.

SIGNATURE: *(Signature)* **6/5/95** (30)8679811  
Signature, typed or printed name of signing officer or director. Date (Day/Month/Year)