FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

HARDENBERGH FAMILY, INC.

Mailing Address

RRAD DEER SPRINGS RD

Principal Place of Business

CRAN DEED CODINGS OF

FILED Apr 13 1998 8:00am Secretary of State



KEYSTONE HEIGHTS FL 32656		KEYSTONE HEIGHTS FL 32656		DO NOT WRITE IN THIS	CDACE
				3. Date Incorporated or Qualified	STAGE
				05/17/1979	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
140%	BRUN MAWR	26 HARdeNber	ect Family	59-1937601	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	0		\$8.75 Additional
2 ATLAN	TIC, LOWI.	27 /106 BRYN	MAWR	5. Certificate of Status Desired	Fee Required
3	,	28 ATLANTIC	Toula	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip /	Country	8. This corporation owes or has paid the cur	
1 5002	L	29 50022	30 U. S.A.	· ' ' -	Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
HAF	rdënbergh, L.O.		81 Name D_	DOLF KAR	
684	O DEER SPRINGS RD.			ess (P.D. Box Number is Not Acceptable)	
KEY	ISTONE HEIGHTS FL 32656		829	S. WALNUT ST.	
			83		
			84 City		85 Zip Code
			-1 319	RKe FL	32091
 Pursuant to office or re 	o the provisions of Sections 607.0502 egistered agent, or both, in the State	? and 607.1508, Florida Statute of Florida, Such change was as	s, the above-named corp (thorized by the corporati	oration submits this statement for the purpose of	changing its registered
			ida Statutes	on's board of directors. I hereby accept the app	a
SIGNATURE _	Signature, typed or project name of registered age	PERRY F. KOON)	*	4-7-1	198
	Signature, typed or project name of registered age! OF LICERS ANI		Registered Agent signature require		DIDEOTODO (LLA)
IIILE	P CATICETS AND	DILETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	HARDENBERGH, L.O.		1.2 NAME		ondrigo reducto
STREET ADDRESS	6840 DEER SPRINGS RD.		1.3 STREET ADDRESS		
City-St-Zip	KEYSTONE HTS FL		1.4 CHY-ST-ZIP		
TITLE	ST	DELF TE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARDENBERGH, ADELE M		22 NAME		
STREET ADDRESS	6840 DEER SPRINGS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HTS FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 THLF		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DEŁEJE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	4.4 CITY- ST- ZIP		Change Addition
NAME		T nerete	5.1 TOLE		Change Addition
STREET ADDRESS			5.2 NAME		
DITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
ITLE		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 hereby ce	ertify that the information supplied wil	th this filing does not qualify for	the exemption stated in 9	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
officer or d	on this armual report or supplemental firector of the corporation or the receing Plock 13 if changed, or on anyaltac	iver or trustee empowered to ex	rate and that my signaturi secute this report as requ	e shall have the same logal effect as if made un- ired by Chapter 607, Florida Statutes; and that n	der oath; that I am an ny name appears in