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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

F30530

(2)

1750 HARDING HOUSE, INC.

Principal Place of Business Meding Address							
\$ STEVEN MONUS 807 NORTH SOUTH LAKE DRIVE HOLLYWOOD FL 33019 2. Principal Place of Business			% STEVEN MONUS 807 NORTH SOUTH LAKE DRIVE HOLLYWOOD FL 33019				
						3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 04/25/1995
2. Philiopai Piai 21	ce of Business	2a.	Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		_ [26]	Suite, Apt. #, etc		59-2084934	Not Applicable	
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29	Ζφ	Country 30	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	Name and Address of Currer	nt Regist	ered Agent			10. Name and Address of New R	egistered Agent
				81	Name	-	
	, edmond L. Federal Hwy		82	Street Addr	ress (P.O. Box Number is Not Acceptab	re)	
HOLLYWOOD FL 33020				83			
				84	City	-1	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607,0502	and 607	.1508. Florida Statute	es, the above i	lamed corpor	ation submits this statement for the pur	
or registered familiar with	a agent, or both, in the State of Flori , and accept the obligations of, Sect	da Such ion 607.0	chauge was authonz 505. Flonda Statutes	red by the corp :	oration's boar	ration submits this statement for the purp rd of directors. Thereby accept the appo	intment as registered agent. Lam
SIGNATURE			The state of the s	,			
Si	gnative. Typed or prink it han it of regelees bages.	се (3.1.) — д ау	gal albin — — — — — — — — — — — — — — — — — — —	ife Beg Son LAge.	angratarorea de	Owners semistrate up	DAIL
12.	OFFICERS AND	DIBECT	ORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD		DELFTE	1.1 Tifu£			Change Addition
NAME	MONUS, STEVEN			1.2 NAME			
SIRFET ADDRESS	807 NORTH SOUTH LAKE I	DR		1.3 STRF81	ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL			14.0IIY-S	E-ZIP		
THILE			DELE IF	2 1 THLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP				24 CITY - S	1-712		
TITLE			DELETE	3 1 T'TLF	1		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY - ST - ZIF TITLE		· ·		3.4 CITY - S	1 - ZIP		
			DELETE	4 1 TITLE			Change Addition
NAME STREET ADDOCCO				4.2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE			F 00: 57	4.4.CITY - S	ZIP		
NAME			DELETE.	5 1 TIFLE			Change Addition
STREET ADDRESS				5.2 NAME			
OITY-ST-ZIP				53STEEE1.			
TITLE			DELETE	5.4 CITY - S1	· ZIP		
NAME			Prefet	6 1 TITLE			Change Addition
STREET ADDRESS				€ 2 NAM(
CITY-ST-ZIP				6 3 STREET	1		
14. I do hereby o	ertify that the information supplied in	altri thie 40	na ie volunt sit. 6	64 C(1) · S)			
14. I do hereby o	rertify that the information supplied when information indicated on this annual an officer or director of the curporock 12 or Block 13 if changed, or a	rith this fil a report o fibri or ti yan attac	ng is voluntarily fuma or supplemental annu ie receiver autrustee thment with an addre	shed and does	not quality to	if the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flor	7(3)(k), Florida Statutes, I further ame legal effect as if made under ida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1-96 305 922 3074

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