## 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

Principal Place of Business

7326 S ORANGE AVENUE

1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

DOCUMENT # **J21946** 

(5)

7326 S ORANGE AVENUE

Mailing Address

HARTFORD SOUTH, INCORPORATED

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	ORLANDO FL 32809	OUTVIEND IF 25002					
					3. Date incorporated or Qualified 07/01/1986		f Last Report 4/21/1995
2. 21	Principal Place of Business	2a. Mailing Addre	SS		4. FEI Number 59-2690082		Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt #,	etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
1	City & State	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip Country	Zip	30	untry	8. This corporation has liability for Florida Statutes XX Yes	intangible tax	under s. 199.032,
ا ***	g Name and Address of C	urrent Registered Agent		I	10. Name and Address of New F	Registered A	gent
				81 Name			
	CT CORPORATION SYSTEM			82 Street	Address (P.O. Box Number is Not Acceptat	(ekc	

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 the state of Sections 607,0502 and 607,1508, Florida Statutes, the above hard of directors. I hereby accept the appointment as registered agent. I am

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	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
	DS	DELETE	1 1 TITLE	☐ Change	Additio	
	SIMON, RONALD		1.2 NAME			
EL ACIDRESIS	218 HIGHWOOD		13 STREFT ADDRESS			
ST-ZIP	GLASTONBURY CT		14 CHY-ST-ZIP			
· · ·	DT	DELETE	2 1 11/11/1	☐ Change	☐ Additio	
	SIMON, FREDERICK		2 2 NAME			
LA95R:SS	AVONSIDE		2 3 STREET ADDRESS			
\$1.7P	AVON CT		2 4 CITY - ST - ZIP			
1	D	☐ DELETE	3 1 TITLE	Change	Addition Addition	
1	SIMON, NEAL A.		3 2 NAME			
LADORESS	17 WOODHAVEN DR.		3.3 STREFT ADDRESS			
ST Z#	SIMSBURY CT		3.4 CITY - ST - ZIP			
	PD	DELETE	4 1 THILE	☐ Change	Addition Addition	
ĺ	RINTELMANN, JAY		4.2 NAME			
- ADDRESS	179 TIM TAM CT.		4 3 STREET ADDRESS			
ST ZIP	LAKE MARY FL		4.4 City+S1-ZiP			
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			5.2 NAME			
-LADDRESS			5 3 STREET ADDRESS			
S1-7/P			5 4 CITY-ST-7IP			
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1			6.2 NAME			
FLADORESS			6.3 STREET ADDRESS			
- 51 ZIF			6 4 CITY - ST - ZIP			

14. Loc hereby certify that the information support with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the filing is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or directed of figure further by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter of or a flux chiment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay A. Rintelmann, President

3/6/96 (407) 857-9392

Daytime Phone #