
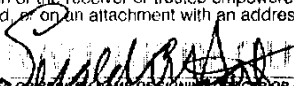


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J49086 (8) | | | | | |
| 1. Corporation Name HART FINANCE COMPANY, INC. | | | | | |
| Principal Place of Business % WILLIAM M. HART, II 555 SW 130TH AVE DAVIE FL 33325 | | | Mailing Address % WILLIAM M. HART, II 555 SW 130TH AVE DAVIE FL 33325-3302 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 555 S.W. 130th Ave | | 26 555 S.W. 130th Ave | | 01/01/1987 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 3a. Date of Last Report | |
| 23 Davie, FL | | 28 Davie, FL | | 02/20/1996 | |
| 24 33325 | | 29 33325 | | 4. FEI Number | |
| 25 FL | | 30 FL | | 59-2789217 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| 81 HART, GERALD ALDE | | | | 81 Name | |
| 82 555 SW 130TH AVENUE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 DAVIE FL 33325 | | | | 83 | |
| 84 FL | | | | 84 City | |
| 85 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 _____ DATE _____ | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 11 TITLE V <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12 NAME HART, GERALD ALDE | | | | | |
| 13 STREET ADDRESS 555 SW 130TH AVE | | | | | |
| 14 CITY-ST-ZIP DAVIE FL | | | | | |
| 21 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 22 NAME | | | | | |
| 23 STREET ADDRESS | | | | | |
| 24 CITY-ST-ZIP | | | | | |
| 31 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 32 NAME | | | | | |
| 33 STREET ADDRESS | | | | | |
| 34 CITY-ST-ZIP | | | | | |
| 41 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 42 NAME | | | | | |
| 43 STREET ADDRESS | | | | | |
| 44 CITY-ST-ZIP | | | | | |
| 51 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 52 NAME | | | | | |
| 53 STREET ADDRESS | | | | | |
| 54 CITY-ST-ZIP | | | | | |
| 61 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 62 NAME | | | | | |
| 63 STREET ADDRESS | | | | | |
| 64 CITY-ST-ZIP | | | | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-7-97 954/473-2501 | | | | | |
| SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |
| 0285553 | | | | | |

CR2E034 (9/96)