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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L40849

(6)

Mailing Address

HART LAKES PROPERTIES, INC.

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FILED

Feb 03 1997 8:00am

Secretary of State

114 EAST SUNSET STREET GROVELAND FL 34736			114 EAST SUNSET STREET GROVELAND FL 34738-2752						
					3. Date Incorporated or Qualified 01/08/1990	3a. Date 01/19/		eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-2984005		No	t Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	re	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25	Z ір 29	Coun'	lry		Yes 🔲	No	. 199.032,	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	gistered Age	ent		
	OLE, RICHARD E.		8	1 Name					
	SUNSET STREET OVELAND FL 34736				dress (P.O. Box Number is Not Acceptab	le)			
]8	3				:	
			Ē	4 City		FL	85 Zip (Code	
office or r		itate of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep				
SIGNATURE	Stanature, typed or printed name of registers	the same and the Hampings of Same to	TE Rooksared	nent signature re	quired when reinstating)	DATE			
12.		AND DIRECTORS	13.	again aigrization co	ADDITIONS/CHANGES TO OFFIC		RECTOR	IS IN 12	
TITLE	P	DELETE	1.1 TITL	E			Change	Addition	
NAME	TOOLE, RICHARD		1,2 NAM	E			•		
STREET ADDRESS	114 EAST SUNSET STREE	T	1.3 STR	ET ADDRESS					
CHTY-ST-ZiP	GROVELAND FL		14 City	- ST-ZIP					
TITLE		☐ DELETE	S 1 TITL				Change	Addition	
NAME			2.2 NAM	IE .					
STREET ADDRESS	}		2.3 STRI	ET ADORESS					
C(1Y - S1 - 7)P			2. 4 CIT	7-\$T-ZIP					
TITLE		☐ DELETE	3.1 TITL	E			Change	Addition	
NAME	Í		3.2 NAM	E					
STREET ADDRESS			3.3 STR	ET ADDRESS					
CITY-ST-2IF	j		3.4. CIT	Y-ST-ZIP					
THLE		DELETE	4.1 YITL	E			Change	☐ Addition	
NAME			4. 2 NAJ	AE.					
STREET ADDRESS			4.3 STR	EET ADDRESS	•				
CITY - S1 - ZIP			4.4 CITY	-ST-ZIP					
TITLE		DELETE	5.1 TITE	E		Ľ.	Change	Addition	
NAME			5.2 NAM	IE				•	
STREET ADDRESS			5.3 STRI	EET ADDRESS					
C(TY - S* - ZIP			5.4 C(Y)	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	E			Change	Addition	
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	EET ADDRESS .	- 40.				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					
14 Ldo boro	by cortify that the information cur	relied with this filing done not our	difu for the o	vamption eta	ted in Section 119 07/31/i) Florida Statutes	1 further ce	artifu that	tho	

recommenced certify that the information supplied with this 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 13 if elyanged, or on an attachment with an address.

SIGNATURE: