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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N46485

(1)

FILED
Jan 29 1997 8:00am
Secretary of State

HOBERT E HARN FOU	INDATION, INC.			
Principal Place of Business	Mailing Address		T OBBINIAL BLU DIELE BINIO BINES IRUBI I	iik alek didit bibit alah didit elak i <b>ik</b>
2800 CASEY KEY ROAD NOKOMIS FL 34275 2800 CASEY KEY ROAD NOKOMIS FL 34275-3323				
			3. Date Incorporated or Qualified 12/20/1991	3a. Date of Last Report 04/26/1996
2. Principal Place of Business	2a. Mailing Address	s	4. FEI Number 59-3100586	Applied For
Suite. Apt. #, etc.	25   Suite, Apt. #, etc			Not Applicable \$8.75 Additional
22	27	<b>.</b>	5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Count	· — ·	Country	8. This corporation has liability for in	
24 25 25 Adds	29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	Florida Statutes  10. Name and Address of New Reg	Yes No
9, Name and Addi	ess of Correct Registered Agent	81 Name	TO. Hallie and Address of New Neg	ISTORIO AGOIT
HAHN, ROBERT L				
2800 CASEY KEY ROAD		82 Street A	Address (P.O. Box Number is Not Acceptable	∍)
NOKOMIS FL 34275		83	<del>-</del>	
11011011110 1 2 012/0		<b>84</b> City		Ing. Zin Code
		84 City		FL 85 Zip Code
44 Distance to the provisions of Co.	ctions 617.0502 and 617.1508, Florida 3	Statutes, the above-named	corporation submits this statement for the pu	rpose of changing its registered
TI. Fursuant to the provisions of Sec	the lastic Clair of Fireigle Coult showers	oracolog, the above harrise	فتأخره والمراجي والمرازين والمستلم المراجع والمراجع والأحراج	Alle and the second of the second of
office or registered agent, or both	th, in the State of Florida. Such change cept the obligations of, Section 617.050	was authorized by the corp	poration's board of directors. I hereby accept	the appointment as registered
office or registered agent, or bot agent. I am familiar with, and ac SIGNATURE	th, in the State of Florida. Such change cept the obligations of, Section 617.050	was authorized by the corp 03, Florida Statutes.	,	
office or registered agent, or bo' agent. I am familiar with, and ac SIGNATURE Signature, typed or printed nar	th, in the State of Florida. Such change copt the obligations of, Section 617.050	was authorized by the corp 03. Florida Statutes.  (NOTE: Registered Agent signature	required when reinstating)	DATE
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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 coprofation for the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attantinent with an address.

CICNATURE:

1/17/97

941 966-6145