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

Mailing Address

P.O. BOX 1962

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90032 048 ***158.75

407-699-8470

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300003602

1. Corporation Name

Principal Place of Business

SIGNATURE:

227 N MAGNOLIA

HART INVESTIGATIONS, INC.

206 ORLANDO FL 32801 US		ORLANDO FL 32802 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		03			
03	•			01/15/1993	
A D1 1 1 1 1		2a. Mailing Address		4. FEI Number	Applied For
	ace of Business	-		59-3155792	Not Applicable
	Lake Kathryn Ci				\$9.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired 🔀	Fee Required
22	<u> </u>	27	<u> </u>		
City & State	В	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Casse	lberry, FL	28 Same		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes the current y	
24 3270	7 25 115 2		30 Same	Personal Property Tax.	
3270	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regis	tered Agent
			81 Name	Linda C. Hart	
DUQUETTE, NANCY L.			82 Street Add	tress (P.O. Box Number is Not Acceptable)	
227 N. MAGNOLIA			75	9 Lake KathrynCircle	e
SUIT	E 208		83		
ORL	ANDO FL 32801		-		as 75 Codo
			84 City	sselberry	FL 85 Zip Code 32707
44.5	to the state of Continue 607.0	E02 and 607 1509 Florida Statuta	c the above-named cor	rporation submits this statement for the purp	
affina ar r	agistored about or both in the Sta	to at Flanca Such change was all	morizea av ina comorai	tion's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	Linda C. Hart	vs	Judios	C. Hark	1-1-99 ATE
	Signature, typed or printed name of registered a		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICE	
12.		AND DIRECTORS	13.		Change Addition
TITLE	PV	XXDELETE	•	PT	
NAME	DUQUETTE, NANCY L		1.2 NAME	Joe Hart	
STREET ADDRESS	917 TEATRO CT.		1.3 STREET ADDRESS	759 Lake Kathryn Ci:	rcle
CITY-ST-ZIP	ORLANDO FL 32807			Casselberry, FL 32°	707
TITLE		☐ DELETE		vs	Change Addition
NAME			2.2 NAME	Linda C. Hart	ĺ
STREET ADDRESS				759 Lake Kathryn Ci:	rala
CITY-ST-ZIP TITLE		□ DELETE	3.1 TITLE	Casselberry, FL ~32	Change Addition
			3.2 NAME		
NAME			3.3 STREET ADDRESS		1
STREET ADDRESS				•	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ DECE1E	4.1 TITLE		Clouds Cloud
NAME			4. 2 NAME		
STREET ADDRESS	-		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	}		5.4 CITY-ST-ZIP		
TITLE	 	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
}			S.1		
ALABATE .		TI DETELE	6.2 NAME		
NAME STREET ADDRESS		₩ Deffele			

14. I 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 is 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 secure 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, with all otherwise empowered.