

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90124 021 ***158.75

DOCUMENT # P93000088081

1. Corporation Name
HARDING PLACE, INC.



Principal Place of Business
342 N.W. 106TH TER.
PEMBROKE PINES FL 33026

Mailing Address
342 N.W. 106TH TER.
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1124 NW 133 Ave
Suite, Apt. #, etc.
22
City & State
23 Pembroke Pines FL
Zip Country
24 33028 25 USA
2a. Mailing Address
26 1124 NW 133 Ave
Suite, Apt. #, etc.
27
City & State
28 Pembroke Pines FL
Zip Country
29 33028 30 USA

3. Date Incorporated or Qualified
12/20/1993
4. FEI Number
65-0470067
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TERRELL, ROSEMARY
342 N.W. 106TH TER.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name Rosemary Terrell
82 Street Address (P.O. Box Number is Not Acceptable)
1124 NW 133 Ave.
83
84 City Pembroke Pines FL 85 Zip Code 33028

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

Rosemary Terrell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------------|------------------|-------------------------|--------------------------|
| D | THEMISTOCLEOUS, MADLEINE | 2247 POLK ST. | HOLLYWOOD FL 33020 | <input type="checkbox"/> |
| D | THEMISTOCLEOUS, SAWAS | 2247 POLK ST. | HOLLYWOOD FL 33020 | <input type="checkbox"/> |
| O | TERRELL, ROSEMARY | 7720 N W 12TH ST | PEMBROKE PINES FL 33024 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

Terrell, Rosemary
1124 NW 133 Ave
Pembroke Pines, FL 33028

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 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, with all other like empowered.

SIGNATURE:

Rosemary Terrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosemary Terrell 3/12/99 704-1625 (954)

CR2E034 (11/98)