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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400028756 (2)

Block 12 or Block 13 if changed, or on an attachment with an address.

E.S. HOLDEN-HARDWICK, INC.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
7705 S.W. 691	7705 S.W. 69TH AVENU	05 S.W. 69TH AVENUE					
SOUTH MIAMI	FL 33143	SOUTH MIAMI FL 3314	SOUTH MIAMI FL 33143			DO NOT WRITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
i						· ·	
2. Principal Place of Business 2a. Mailing Address						04/13/1994 4. FEI Number Applied For	
	ace of pusiness	 1	 			65-0482485 Not Applicable	
Suite, Apt.	# pto	Suite Ant # etc	Suite, Apt. #, etc.			¢9.75 Additional	
22	π, θιο:	 	27			5. Certificate of Status Desired Fee Regulred	
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be	
23		<u> </u>	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	29 30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
HOLDEN-HARDWICK, ELLEN S					Name		
7705 S.W. 69TH AVENUE				82	Stroot A	ddress (P.O. Box Number is Not Acceptable)	
SO			62	SireerA	udiass (r.o. box nulliber is not neceptable)		
	• • • • • • • • • • • • • • • • • • • •			83			
						[5-] 7-0-1	
				84	City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607	7.0502 and 607.1508, Florida State	utes, the a	above	-named c	orporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the t	State of Florida Such change was obligations of Section 607.0505, F	s authorize	ed by	the corpo	oration's board of directors. I hereby accept the appointment as registered	
	in tarrilliar with, and accept the c	obligations of Section 607.0000, i	TOTIOG SIC	alules	·.		
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NO	Olf Register	ed Ago	nt signature re	equired when reinstating) DATE	
12.		S AND DIRECTORS	13.		 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.11	TITLE		Change Addition	
NAME HOLDEN-HARDWICK, ELLEN S			1.21	1.2 NAME			
STREET ADDRESS	7705 S.W. 69TH AVENUE		1.3 \$	STREET	ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1.4 CITY-ST-ZIP		T-ZIP		
TITLE	DELETE		2.11	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 }	NAME			
STREET ADDRESS			2.3 5	STREET	ADDRESS		
CITY+ST-ZIP			2. 4 CITY - ST - ZIP		ST-ZIP		
TITLE	· · · ·	DELETE	3.1 TITLE			Change Addition	
NAME			3.2 f	NAME	ŀ		
STREET ADDRESS			3.3 9	STREET	ADDRESS		
CITY-ST-ZIP			3.4	CITY-S	ST-ZIP		
TITLE	······································	☐ DELETE	DELETE 4.1 TITLE		1	☐ Change ☐ Addition	
NAME			4. 2	NAME			
STREET ADDRESS			4.3 3	STREET	ADDRESS		
CITY-ST-ZIP			4.4 (CITY-S	T-ZIP		
TITLE			5.13	5.1 TITLE		Change Addition	
NAME			5.2 8	NAME	ł		
STREET ADDRESS			5.3 5	STREET	ADDRESS		
CiTY-ST-ZIP			5.4 (CITY-S	1-ZIP		
TITLE	DELETE			6.1 TITLE		Change Addition	
NAME			6.2)	NAME			
STREET ADDRESS			6.3 5	STREET	ADDRESS		
CITY-ST-ZIP			6.4 (CITY - S	1- ZIP		
14 I hereby o	ertify that the information suppli	ed with this filing does not qualify	for the ex	kemnl	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
Indicated	on this annual connet or supplier	nantal annual ranort is true and ar	couraie ar	nd tha	at my sion	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	