## 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

## DOCUMENT # **P94000028756**1. Corporation Name

E.S. HOLDEN-HARDWICK, INC.

Principal Place	e of Business	Ma	ailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7705 S.W. 69TH AVENUE			7705 S.W. 69TH AVENUE								
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143							DO NOT WE	HTC IN THIS	CDACE		
							_	Date Incorporated or Qualifect		SPACE	
								04/13/1994			
2. Principal P	lace of Business	2a.	Mailing Address				4.	, FEI Number			Applied For
21		26						65-0482485			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5	Certifcate of Status Desired		• -	5 Additional
22		27					<u> </u>				Required
City & State	e	$\vdash$	City & State				6.	. Election Campaign Financing	' a		00 May Be
23		28					١.	Trust Fund Contribution			ed to Fees
Zip	Country	$\vdash$	Zip		intry		8.	. This corporation owes the cu	rrent year In		
24	25	29		30	,		ــــــــــــــــــــــــــــــــــــــ	Personal Property Tax.	<b>—</b>	Y Yes	□No
	9. Name and Address of C	urrent Regis	tered Agent		04	Mana	10.	. Name and Address of New	Registered	Agent	-
HOT	DEN-HARDWICK, ELLEN S				81	Name					
	The state of the s				82	Street Addre	ss (F	P.O. Box Number is Not Accep	table)		
	S.W. 69TH AVENUE									129.3 - 5	Andrew State of State
500	TH MIAMI FL 33143				83						推進問題。
ļ					84	City		441 4	(F 1 P41	85 2	Zip Code
						_			<u> </u>	-	·
.11. Pursuant	to the provisions of Sections 60 egistered agent, or both, in the S	7.0502 and 6	07.1508, Florida Statu	ites, the a	bove	-named corpo	ratio	on submits this statement for the	e purpose o	f changing	j its registered
office or r	egistered agent, or both, in the t m familiar with, and accept the c	state of Florid	Section 607 0505 FI	lorida Stat	ubyi	tile corporation	יים ביו	loald of directors. Thereby acco	ept the appo	maniford a	a registered
				Uliua Stat	utes.						
			00011011001.0000,11	onda otar	utes.						•
SIGNATURE	Signature, typed or printed name of register					•		reinstating)	DATE		·
	Signature, typed or printed name of register OFFICER		f applicable. (NOT	E: Registered	d Agent	•		reinstating) しくみ。 ADDITIONS/CHANGES TO O			
SIGNATURE	Signature, typed or printed name of register  OFFICER  D	ed agent and title it	if applicable. (NOT	E: Registered	d Agent	•				ND DIREC	
SIGNATURE	Signature, typed or printed name of register OFFICER D HOLDEN-HARDWICK, ELLE	ed agent and title it	f applicable. (NOT	E: Registered	d Agent	•		ADDITIONS/CHANGES TO O			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



1-18-99

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90004 019 \*\*\*150.00