SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P94000028768 (7)

Principal Plac	HARD THOMAS ENTERPRISES, INC. Jace of Business Mailing Address ASSIC DRIVE SPRINGS FL 33071 Mailing Address CORAL SPRINGS FL 33071									
								3. Date Incorporated or Qualified		te of Last Report
2 Principal D	Place of Business		n- 14-	uluna Addrasa				04/14/1994	_ 03	<u> </u>
2. Principal P	iace of business		2a. Ma 26	iling Address				4. FEI Number		Applied For
Suite, Apt.	#, etc		 	ite, Apt. #, etc.				65-0483978		Not Applica \$8.75 Additional
22			27					5. Certificate of Status Desired		Fee Required
City & Stat	e		City	y & State	-			6. Election Campaign Financing	F* 3	\$5.00 May Be
23			28					Trust Fund Contribution		Added to Fees
Zip	<u> </u>	Country	Zip	>	I	untry		8. This corporation has hability to		-
24	9 Name and	Address of Curr	29 ent Registere	d Agent	30	т		Florida Statutes [Yes 🔀	·
			Lin Ataleta	~ uAeur		81	Name	10. Name and Address of New R	egistered A	gent
	EICH, TOM	DDI F								
	1977 CLASSIC						Street Add	dress (P.O. Box Number is Not Accepta	able)	•
U	ORAL SPRING	5 FL 330/1				83				
										·········
						84	City		FI	85 Zip Code
TI. Fursuant	to the provisions	OF SECTIONS BUY US	302 and 6 07 13						nuroose of c	thanging its registered
agent la	im familiar with, a	or both, in the Stat nd accept the obli	te of Florida, Si	uch change was a	authorized	d by th	named corp he corporal	poration submits this statement for the con's board of directors. I hereby acce	pt the appoir	ntment äs registered
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mariner 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1ant 2 GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR × 7-3-96 305 225-3646