## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

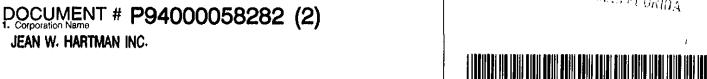


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED 97 JUL 29 PH 12: 55 SECRETARY OF STAIL MELAHASSEE, FLORIDA



| DEWIA AN  | HARTMAN INC.        |                     |                      |                  |   |   |
|---|---------------------|---------------------|----------------------|------------------|---|---|
| Principal Plac  | e of Business       | Mailing Address     |                      |                  |   | YGUDA DAADA TOATO SIABO LOAAD ILOK (BOS |
| 1291 N.W. 13TH ST. P O BOX 3483 BOCA RATON FL 33486 BOCA RAOTN FL 33427 US  |                     |                     |                      |                  | DO NOT WRITE  3. Date Incorporated or Qualified                   | IN THIS SPACE  3a. Date of Last Report  |
|   |                     |                     |                      |                  | 08/01/1994  | 04/29/1996                              |
| 2. Principal P  | Place of Business   | 2a. Mailing Address |                      |                  | 4. FEI Number   | Applied For                             |
| 21 3AM C 26 Same  |                     |                     |                      |                  | 65-0509944  | Not Applicable                          |
| Sulte, Apt. #, etc. Suite, Apt. #, etc.   |                     |                     |                      |                  | 5. Certificate of Status Desired                                  | \$8.75 Additional                       |
| 22 SAML 27 F  |                     |                     |                      |                  | b. Certificate of Status Desired                                  | Fee Required                            |
| City & State City & State   |                     |                     |                      |                  | 6. Election Campaign Financing                                    | <b>\$5.00</b> May Be                    |
| 23 3 Ame 28 Some  |                     |                     | Country              |                  | Trust Fund Contribution   | Added to Fees                           |
| Zip<br>24 <i>3A4</i> 22   | Country             | Zip                 | Coun                 | ey<br>Em Læser   | 8. This corporation owes or has paid                              |   |
| 24 JA17   |                     | Registered Agent    | 30 /                 | CM LICACI        | Personal Property Tax due June :  10. Name and Address of New Reg |   |
| 9. Name and Address of Current Registered Agent  HADTMAN ICAN W. 81 Name  |                     |                     |                      |                  | 10. Hanno and Nonces of Heat Del                                  | hereign ullatif                         |
| 4004 NIM 40TH CT  |                     |                     |                      |                  |   |   |
| 1291 N.W. 131H S1.<br>BOCA RATON FL 33486   |                     |                     |                      | Street Add       | dress (P.O. Box Number is Not Acceptabl                           | .e)                                     |
| BUCA HATUN FL 33480   |                     |                     | Ē                    | 3                |   |   |
|   |                     |                     |                      |                  |   |   |
|   |                     |                     | ٤                    | 4 City           |   | FL 85 Zip Code                          |
| 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 familia) with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signally: typed or printed name of registered agent and title if applicable.  (NOTI Registered Agent signature required when reinstaking)  DATE |                     |                     |                      |                  |   |   |
| 12.   | OFFICERS AND        |                     | 13.                  | deut eduance red | ADDITIONS/CHANGES TO OFFIC  |   |
| TITLE   | I D                 | DELETE              | 1.1701               | ·                |   | Change Addition                         |
| NAME  | HARTMAN, JEAN W     |                     | 1.2 NAM              | ŧ                | 6000022   | 539161                                  |
| STREET ADDRESS  | 1291 N.W. 13TH ST.  |                     | 1.3 STR              | ET ADDRESS       |   | 701069007                               |
| CITY-ST-ZIP   | BOCA RATON FL 33486 |                     | 1.4 CITY             | -ST-ZIP          | ****165   | .80 ****165.00                          |
| TITLE   |                     | DELETE              | 2 1 TITL             |                  |   | Change Addition                         |
| NAME  |                     |                     | 2 2 NAM              | E .              |   |   |
| STREET ADDRESS  |                     |                     | 2 3 STR              | ET ADDRESS       |   |   |
| CITY-ST-ZIP   |                     |                     | 2.4011               | r-st-zip         |   |   |
| TITLE   | : 2                 | ☐ DELETE            | 3.1 TH L             | ·                |   | Change Addition                         |
| NAME  |                     |                     | 3.2 NAM              | E                |   |   |
| STREET ADDRESS  |                     |                     | 3.3 STR              | ET ADDRESS       |   |   |
| CITY-ST-ZIP   |                     | - I never           |                      | 7-S1-ZIP         |   |   |
| TITLE   |                     | ☐ DELE1E            | 4.1 TITE             |                  |   | Change Addition                         |
| NAME  |                     |                     | 4. 2 NAI             | - 1              |   |   |
| STREET ADDRESS  |                     |                     |                      | ET ADDRESS       |   |   |
| CITY-ST-ZIP   |                     | ☐ DELETE            |                      | -S1-ZIP          |   | Chance T Addition                       |
| TITLE   |                     | ₩ DECESE            | 5.1 TiTL             | l                |   | Change Addition                         |
| NAME<br>Street address  |                     |                     | 5.2 NAN              |                  |   |   |
|   |                     |                     |                      | ET ADDRESS       | 1   |   |
| CITY-ST-ZIP<br>TITLE  |                     | DELETE              | 5.4 C(TY<br>6.1 TITU | -ST-ZIP          | 5 A 3D  | Change Addition                         |
| NAME  |                     | F-1 Otte it         | 6.2 NAM              | i N              | ((.1/2  | El cumilde El vodition                  |
| STREET ADDRESS  |                     |                     |                      | ET ADDRESS       | · ·   |   |
|   |                     |                     |                      | 1                |   |   |
| CITY-ST-2IP   | <u> </u>            |                     | ■ 64 CHY             | -ST-ZIP          |   |   |

4. I do 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 eath; 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.

SIGNATURE SAGNATANDEREQUIRE

7-72-0

11.1.21.9.4001