

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 # P94000072673 (4)

1. Corporation Name

HARTT AND SOUL INCORPORATED

Principal Place of Business

19000 N.E. 20TH AVENUE  
NORTH MIAMI BEACH FL 33179

Mailing Address

C/O SOUTH BROWARD ACCOUNTING-SERVICE INC  
9050 PINES BLVD. STE 200  
PEMBROKE PINES FL 33024  
US

FILED

98 OCT 20 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Mailing Address

TRAGER, BERNSTEIN & ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANTS  
1000 NORTH HIATUS ROAD, STE. 110  
PEMBROKE PINES, FL 33026

26 City & State

27 Zip

28 Country

4. FEI Number

65-0543935

Applied For

Not Applicable

6. Election Campaign Financing

Trust Fund Contribution

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

Yes

No

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KATIMS, NEIL A ESQ  
9485 SUNSET DR  
SUITE A292  
MIAMI, FL 33173

NEW AGENT -  
CATHRYN HARTT  
19000 N.E. 20th Ave.  
Miami, FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

Trager/Bernstein & Associates  
1000 N. Hiatus Road Ste 110  
ATTN: MIRTA CHEDIAK  
Pembroke Pines, FL 33026

14. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME HARTT, CATHRYN  
STREET ADDRESS 19000 N.E. 20TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D  
NAME SILVERMAN, CRAIG  
STREET ADDRESS 19000 N.E. 20TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

NATURE

Date

Daytime Phone #

0138780

CR2E034 (10/97)