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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400079046 (6)

HART MARKETING ENTERPRISES, LTD., INC.

Principal Place of Business	Mailing Address
4100 W. KENNEDY BOULEVARD. (2003 30 5 TAMPA FL 33609	4100 W. KENNEDY BOULEVARD. #22 Tampa Fl 33609-2244

## **FILED** May 01 1997 8:00am Secretary of State



TAMPA FL 33609	TAMPA FL 33609-2244	,,,,,, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			3. Date Incorporated or Qualified 10/26/1994	3a. Date of Last Report 06/21/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-3319184	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country  25  9. Name and Address of Cur		Country 30	8. This corporation has liability for in Florida Statutes	· · · · · · · · · · · · · · · · · · ·
9. Name and Address of Cur	rent Registered Agent	641	10. Name and Address of New Reg	
BRACE, RONALD 320 W. FLETCHER AVE. SUITE 104 TAMPA FL 33612		82 Street Add	RACE KOWALD C ress (P.O. Box Number is Not Agreptabl	are.
Sat		84 City	AMPA	FL 85 Zip Code 336/ 2
Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statute ate of Florida Such change was a	is, the above-named corr	poration submits this statement for the or	rnose of changing its registered
office or registered agent, or both, in the St agent. I am familiar with, and a cook the ob	oligations of, Section 607.0505, Flo	rida Statutes.	delia seria di all'estere. I hereby decept	ino appointment as registered
Signature Signature typed or printed name of registered		Registered Agent signature requi	red when reinstating)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
ABLOR BOULLE	DELFTE	1.1 TITLE		☐ Change ☐ Addition
AAA LUCAT CI CRATTCO ALMA	JUE SUITE 104	1.2 NAME		
STREET ADDRESS 320 WEST FLETCHEN AVEN	10L, COME 104	1.3 STREET ADDRESS		ļ.
	DELETE	1.4 CITY-ST-ZIP		Change Addition
		2 2 NAME		☐ Mange ☐ Addition
STREET ADDRESS SAME AND	4 D	2.3 STREET ADDRESS		
NAME  STREET ADDRESS  STATE TAMPA  CITY-ST-ZIP  TAMPA  TAM	83415	2. ■ CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELFTE	4.1 THTLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CiTY-ST-ZIP	05.00	4.4 CITY-S1-ZIP		
TITLE	☐ DELETE	5.1 TITLE		L Change L Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		
NAME	El prigit	6.1 THLE		☐ Change ☐ Addition
		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP	tind with this fit	6.4 CiTY-ST-ZIP	11.0 (1.140.07/0)/0.51	

r up nereby 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 logal 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.