


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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000025992 (5)					
1. Corporation Name HARDING INDUSTRIES INC.					
Principal Place of Business 2411 S.W. 29TH WAY FT. LAUDERDALE FL 33312			Mailing Address 2411 S.W. 29TH WAY FT. LAUDERDALE FL 33312-4716		



2. Principal Place of Business 21 908 FLAGLER DR Suite, Apt. #, etc.		2a. Mailing Address 26 908 FLAGLER DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1995		3a. Date of Last Report 07/29/1996	
22 City & State 23 FT LAUDERDALE, FL		27 City & State 28 FT LAUDERDALE, FL		4. FEI Number 65-0574489		Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33304		25 Country USA		29 Zip 33304		30 Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent HARDING, DAVID B 2411 S.W. 29TH WAY FT. LAUDERDALE FL 33312				10. Name and Address of New Registered Agent 81 Name DAVID B HARDING SR 82 Street Address (P.O. Box Number is Not Acceptable) 908 FLAGLER DR 83 84 City FT LAUDERDALE FL 85 Zip Code 33304			
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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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David B. Harding Sr.* **DAVID B. HARDING SR. V. P.** **4-25-97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARDING, DAVID B		1.2 NAME	DAVID B HARDING JR			
STREET ADDRESS	2411 S.W. 29TH WAY		1.3 STREET ADDRESS	627 NE 17TH WAY			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304			
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDING, ELSIE K		2.2 NAME	ELSIE K HARDING			
STREET ADDRESS	2411 S.W. 29TH WAY		2.3 STREET ADDRESS	8 BRINY AVE APT 105			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDING, LYNN		3.2 NAME	LYNN HARDING			
STREET ADDRESS	2411 S.W. 29TH WAY		3.3 STREET ADDRESS	627 NE 17TH WAY			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDING, PAMELA		4.2 NAME	PAMELA HARDING			
STREET ADDRESS	2411 S.W. 29TH WAY		4.3 STREET ADDRESS	627 NE 17TH WAY			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	DAVID B HARDING SR			
STREET ADDRESS			5.3 STREET ADDRESS	8 BRINY AVE APT 105			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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: *David B. Harding Sr.* **DAVID B HARDING SR** **4-25-97** **(954)764-0021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0270803

CR2E034 (9/96)