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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90118 012 ***150.00

FILED

DOCUMENT # P95000025992

Corporation Name

HARDING INDUSTRIES INC.

Principal Place	of Business	Mailing Address				{
908 FLAGLER DI	R .	908 FLAGLER DR	B FLAGLER DR			
FT. LAUDERDAL	E FL 33304	FT. LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE
U\$		US				3. Date Incorporated or Qualified
						04/01/1995
		2a. Mailing Address				4. FEI Number Applied For
—``	ace of Business					65-0574489 Not Applicable
21 Cuito Ant 1	# ata	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt. #	+, etc.	27				5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
- 1 '		28	¬ '			Trust Fund Contribution Added to Fees
Zip	Country		Zip Country			8. This corporation owes the current year intangible
	25	29	30			Personal Property Tax.
24	9. Name and Address of Current		1	丁.		10. Name and Address of New Registered Agent
	\	<u>-</u>		81	Name	
HARD	DING, DAVID B		92 Chrost A			Address (P.O. Box Number is Not Acceptable)
908 9	FLAGLER DR		[82]			Address (F.O. Box Namoer is Not Addeptional)
FT. L	AUDERDALE FL 33304			83		
	•					85 Zip Code
				84	City	FL (8) 24 Code
44 Purcuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes the	above	-named o	corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, file above-handed corporation's board of directors. I hereby accept the appointment as 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.						
agent. I ar	n tamiliar with, and accept the obligation	ons of, Section 607.0303, Fit	niua St	atutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1	TITLE		PRESIDENT Addition Addition
NAME	HARDING, DAVID B JR		1.2	NAME	(HARDING, DAVID B JR. Michange LANGUIDIN
STREET ADDRESS	627 NE 17TH WAY		1.3	STREET	ADDRESS	{92/ N 5 13 3/K 56/
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1,4	CITY-ST	-ZIP	FT GudendALE Pl 33305
TITLE	TD	DELETE		TITLE		☐ Change ☐ Addition
NAME	HARDING, ELSIE K		2.2	NAME	l	
STREET ADDRESS	8TH BRINY AVE APT 105		2.3	STREET	ADDRESS	٠٠ - س
CITY-ST-ZIP	POMPANO BCH FL 33062		2.4	4 CITY-S1	r-ZIP	
TITLE	SD SD	☐ DELETE		TITLE		SECRETARY Change Addition
NAME	HARDING, LYNN		3.2	NAME		LILADOLKE 1-YNN
STREET ADDRESS	627 NE 17TH WAY		3.3	STREET	ANDRESS (1813 N/E 23 DECOG # 2
	FT. LAUDERDALE FL 33304			LCITY-ST	r-ziP i	WILTEN MAHONS FL 3.3305
CITY-ST-ZIP TITLE	D	☐ DELETE		TITLE	-	DIRECTOR D A Change Addition
NAME	HARDING, PAMELA		4.:	2 NAME	İ	DIRECTOR DAMELA HARDING PAMELA 1921 NE IS STREET
STREET ADDRESS	627 NE 17TH AVE APT 105				ADDRESS	1921 NE IS STREET
	POMPONO BCH FL 33304		- 1	CITY-ST	- 1	1651800000000000000000000000000000000000
CITY-ST-ZIP TITLE	VD	DELETE		TITLE		Change Addition
NAME	HARDING, DAVID B SR			NAME)	
STREET ADDRESS	8 BRINY AVE APT 105		5.3	STREET	ADDRESS	
	POMPANO BEACH FL 33062		5.4	CITY-ST	-ZIP	
CITY-ST-ZIP TITLE	1 OHH THO BEAUTI E GOODE	☐ DELETE	6.1	TITLE	- 	Change Addition
			6.2	NAME		1
NAME			6.3	STREET	ADDRESS	
STREET ADDRESS			8 "	CITY-ST	ì	
CITY-ST-ZIP	1		4.4			<u></u>

14. I hereby certify that the information supplied with this filling 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SUANCIO DE REVIER DE SIGNING OFFICER OF DIRECTOR

4-27-4

959-764-0021 Daytime Phone #

;R2E034 (11/98)