**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000059968

1. Corporation Name

HART INTERNATIONAL GROUP, INC.

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90005 014 \*\*\*150.00



Principal Place of Business Mailing Address						11001100						
				R7-2	215							
9770 SOUTH MILITARY TRAIL. SUITE B7-215 9770 SOUTH MILITARY TRAIL BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436			L. 0011L		-10							
BOTHTOR BENCH I'L 30400		bornist belief to be			DO NOT WRITE IN THIS SPACE							
						1 ***	orated or Qualifed					
						08/03/19	95					
2. Principal Place of Business 2a. Mailing Address						4, FEI Number				Applied For		
21 26						65-0601224				Not A	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						- 0-4/5-4-4	Charles Desired		\$8.7	<b>'5</b> Add	ditional	
22 27						5. Certificate of	Status Desired	Ц	Fe	e Requ	ired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be						
23		28			Trust Fund Contribution Added to Fees							
ZiD	Country	Zip Country			8. This corporation owes the current year Intangible							
24	25	29	30			Personal Pr	operty Tax.		Yes		No	
*	9. Name and Address of Curren	t Registered Agent				10. Name and	Address of New R	egistered A	gent			
	-			81	Name						}	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				and all the second seco								
343 ALMERIA AVENUE			•	82 Street Address (P.O. Box Number is Not Acceptable)								
COR		ŀ	83									
	•								, ,			
	• `			84	City			FL	85	Zip Co	de	
	to the provisions of Sections 607.050	0 1 007 4500 Florido Chetrido	- Ma ab	7		acation submite this	statement for the		hangin	n its re	nistered	
office or re	agistared agent or both in the State	of Florida. Such change was aut	inonzea	DV IN	ne corporation	on's board of direct	ors. I hereby accep	t the appoin	tment a	s regis	tered	
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statu	ites.						1.		
SIGNATURE'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										/	
(34E) /	Signature, typed or printed name of registered ager			Agent s	signature require	d when reinstating)	CHANGES TO OF	DATE AND	א ואום כ	CTOP	2 IN 12	
12.		D DIRECTORS  DELETE	13.			ADDITIONS	CHANGES TO OF	-ICERS ANI			Addition	
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NAME /			6.2 NA									
STREET APORESS			6.3 STI	REETA	PORESS						- [	

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the 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, with all other like empowered.

6.4 CITY ST-ZIP