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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 07 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033475 (0)

ED HARDY, INC.

CITY-S1-ZIP

Principal Place of Business Mailing Address 2130 NE 57TH STREET 2130 NE 57TH STREET FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2528 3. Date Incorporated or Qualified 3a. Date of Last Report 04/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0659354 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation has liability for intaggible tax under s. 199.032, Yes 24 29 ☐ No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARDY, EDWARD G 2130 NE 57TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33308 83 84 City Zip Code 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 Stgnature, typed or perticulcame of registered agent and fille it appecable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P15, T THLE DELETE 1.1 TITLE ☐ Change ☐ Addition HARDY, EDWARD G NAME 12 NAME 2130 NE 57TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 1 4 CITY-ST-ZIP CITY-ST-ZiP □ DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-7/P 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY -ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY - ST-ZIP CITY-ST-7P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TATLE Channe 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 signature is required by Chapter 607, Florida Statutes; and that my signature is required by Chapter 607, Florida Statutes.