

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUL 15 AM 10:40

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P96000048464 (7)**

1. Corporation Name  
**HARDCORE MOVEMENTS INC.**



Principal Place of Business: **18511 S.W. 87TH PLACE MIAMI FL 33157**  
 Mailing Address: **18511 S.W. 87TH PLACE MIAMI FL 33157-8925**

3. Date Incorporated or Qualified: **06/03/1996**  
 3a. Date of Last Report: **6/3/96**  
 4. FET Number:  Applied For /  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)  
 22. Suite, Apt. #, etc.  
 23. City & State  
 24. Zip Country  
 25. Country

9. Name and Address of Current Registered Agent  
**SINCLAIR, WAYNE P**  
**18511 S.W. 87TH PLACE**  
**MIAMI FL 33157**

10. Name and Address of New Registered Agent (81-84)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: *Wayne Sinclair* (Signature, typed or printed name of registered agent and title if applicable) DATE: **1/27/97**  
 (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>WAYNE SINCLAIR</b>	
STREET ADDRESS	<b>18511 SW 87 PL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33157</b>	
TITLE	<b>VICE - PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>PAUL FAIRWEATHER</b>	
STREET ADDRESS	<b>12100 SW 176 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL FAIRWEATHER</b>	
STREET ADDRESS	<b>22316 SW 99 PL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33190</b>	
TITLE	<b>VICE - PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>CAWDAINE BECKFORD</b>	
STREET ADDRESS	<b>9388 MARTIQUE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>FRITZ HARRIS</b>	
STREET ADDRESS	<b>10362 SW 212ST APT #108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **1/27/97**

CR2E034 (9/96)