

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048464 (7)
 1. Corporation Name
HARDCORE MOVEMENTS INC.



Principal Place of Business 19511 S.W. 87TH PLACE MIAMI FL 33157	Mailing Address 19511 S.W. 87TH PLACE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1996
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 65-0703890 APPLIED FOR
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SINCLAIR, WAYNE P
19511 S.W. 87TH PLACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

B1 Name **SAME AS BOX 9**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 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 *Wayne P Sinclair* **WAYNE P SINCLAIR PRESIDENT** **4/28/98**
Signature by a corporation must be signed by a registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SINCLAIR, WAYNE	1.2 NAME	SINCLAIR, WAYNE
STREET ADDRESS	19511 S.W. 87TH PLACE	1.3 STREET ADDRESS	19511 SW 87TH PL
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	VP	2.1 TITLE	VP
NAME	FAIRWEATHER, PAUL	2.2 NAME	FAIRWEATHER, PAUL
STREET ADDRESS	12100 SW 176 ST	2.3 STREET ADDRESS	12466 SW. 198ST
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	T	3.1 TITLE	T
NAME	FAIRWEATHER, MICHAEL	3.2 NAME	FAIRWEATHER, MICHAEL
STREET ADDRESS	22316 SW 99 PL	3.3 STREET ADDRESS	22316 SW 99 PL
CITY-ST-ZIP	MIAMI FL 33190	3.4 CITY-ST-ZIP	MIAMI FL 33190
TITLE	VP	4.1 TITLE	VP
NAME	BECKFORD, GAWAINE	4.2 NAME	BECKFORD, GAWAINE
STREET ADDRESS	9380 MARTIQUE DRIVE	4.3 STREET ADDRESS	9380 MARTIQUE DRIVE
CITY-ST-ZIP	MIAMI FL 33189	4.4 CITY-ST-ZIP	MIAMI FL 33189
TITLE	S	5.1 TITLE	S
NAME	FRITZ, HARRIS	5.2 NAME	FRITZ, HARRIS
STREET ADDRESS	10362 SW 212ST, APT 108	5.3 STREET ADDRESS	10362 SW 212ST, APT
CITY-ST-ZIP	MIAMI FL 33189	5.4 CITY-ST-ZIP	MIAMI FL 33189
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 alternate form with an address.

SIGNATURE: *Wayne P Sinclair* **WAYNE P. SINCLAIR** **4/28/98** **305 261-9188**

CR2E034 (10/97)