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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000048464

1. Corporation Name
HARDCORE MOVEMENTS INC.

Principal Place of Business Mailing Address
 19511 S.W. 87TH PLACE 19511 S.W. 87TH PLACE
 MIAMI FL 33157 MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 19511 SW 87th PLACE		26 19511 SW 87th PLACE		06/03/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI FL		28 MIAMI FL		65-0703890	
24 33157		29 33157		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SINCLAIR, WAYNE P 19511 S.W. 87TH PLACE MIAMI FL 33157				81 Name SINCLAIR, WAYNE P			
				82 Street Address (P.O. Box Number is Not Acceptable) 19511 SW 87th PLACE			
				83			
				84 City MIAMI FL 85 Zip Code 33157			

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 Sinclair DATE 4/29/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, WAYNE	1.2 NAME	SINCLAIR, WAYNE
STREET ADDRESS	19511 SW 87TH PLACE	1.3 STREET ADDRESS	19511 SW 87TH PLACE
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRWEATHER, PAUL	2.2 NAME	FAIRWEATHER, PAUL
STREET ADDRESS	12466 SW 198TH ST	2.3 STREET ADDRESS	12466 SW 198TH ST
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRWEATHER, MICHAEL	3.2 NAME	FAIRWEATHER, MICHAEL
STREET ADDRESS	22316 SW 99TH PL	3.3 STREET ADDRESS	22316 SW 99TH PL
CITY-ST-ZIP	MIAMI FL 33190	3.4 CITY-ST-ZIP	MIAMI FL 33190
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, HARRIS	5.2 NAME	HARRIS, FRITZ
STREET ADDRESS	10362 S W 212 ST APT	5.3 STREET ADDRESS	10362 S.W. 212ST
CITY-ST-ZIP	MIAMI FL 33189	5.4 CITY-ST-ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Wayne Sinclair DATE 4/29/99 DAYTIME PHONE # 305 778-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)