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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600055108 (0)

HARTWELL INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



OCALA FL 344								
					3. Date Incorporated or Qualified 06/27/1996	3a. Date of Las	t Report	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	-t	Applied For	
21		26			59-3389670	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		Zip Country		This corporation has liability for intangible tax under s. 199 032.			
24	25	_	30		Florida Statutes Yes No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
HAL	DIN, WILLIAM C JR		81	Name				
	SE FORT KING ST		82 Street Addr		ddress (P.O. Box Number is Not Acceptable)			
OCA	NLA FL 34471		83					
						11		
			84	City		FL 85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.								
SIGNATURE								
	Signature, typed or printed name of registered agest OFFICERS AND			ent signaturo	required when reinstating)	DATE	650 11.40	
12.		DELETE	13. 1.1 TITLE		Pre S.	Chang		
NAME	PRES.		1.2 NAME		Jeffrey D. Hartwell	□ Outsite	o ge Addition	
STREET ADDRESS	JERFREY D. HARTW			T ADDRESS	2915 BE. 2314 Ave			
CITY-ST-ZIP	P.O. BOX 2951 OCALA, FL. 34478	-2051	1.3 STREE		Ocala F1 34471		1	
TITLE	SEC/TRES.	DELETE	2.1 TITLE	51-7IP	Car / 7 = 6	☐ Chang	e Addition	
NAME	ROBIN M. HARTWEL	_	2.2 NAME		Sec/Tres. RORIN M. Hurtwell			
STREET ADDRESS	P.O. BOX 2951	L		T ADDRESS	2915 S.E. 23 Ld Ava			
CITY-ST-ZIP		_2051	2 4 CHY-		B(a/a F1. 34471			
TITLE			3 1 11111			☐ Chang	e Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS			İ	
CITY-ST-ZIP			3.4 CITY	ST · ZIP	, , , , , , , , , , , , , , , , , , , ,			
TITLE	DELETE 4.1		4.1 TITLE			☐ Chang	e Addition	
NAME			4. 2 NAME				ļ	
STREET ADDRESS			4.3 STHEE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e 🛄 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CHY-	S1 - 7IP				
TITLE		☐ DELETE	6.1 TITLE			Chang	pe [] Addition	
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			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 logal 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.