


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

FILED  
Jun 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000063956 (2)</b> 1. Corporation Name <b>HART VENTURES, INC.</b>			
Principal Place of Business <b>8149 OAKLAND PLACE ORLANDO FL 32819</b>		Mailing Address <b>8149 OAKLAND PLACE ORLANDO FL 32819-3250</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent <b>MICHAEL D. SONNENSCHN, P.A. 105 EAST ROBINSON STREET, SUITE 311 ORLANDO FL 32801</b>		10. Name and Address of New Registered Agent 81 Name <b>MARIO SANTIAGO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8149 OAKLAND PLACE</b> 83 84 City <b>Orlando</b> FL 85 Zip Code <b>32819</b>	
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 _____ Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>PSTD</b> STREET ADDRESS <b>SANTIAGO, RUDY</b> CITY-ST-ZIP <b>8149 OAKLAND PLACE</b> <b>ORLANDO FL 32819</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>D</b> 1.3 STREET ADDRESS <b>Ludy Santiago</b> 1.4 CITY-ST-ZIP <b>8149 OAKLAND PLACE</b> <b>ORLANDO, FL 32819</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>VD</b> STREET ADDRESS <b>SANTIAGO, MARIO</b> CITY-ST-ZIP <b>8149 OAKLAND PLACE</b> <b>ORLANDO FL 32819</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>PSTD</b> 2.3 STREET ADDRESS <b>MARIO SANTIAGO</b> 2.4 CITY-ST-ZIP <b>8149 OAKLAND PLACE</b> <b>ORLANDO, FL 32819</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	



CR2E034 (9/96)

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: \_\_\_\_\_

4-28-97 (467) 783-3213