

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000065476**

1. Corporation Name

HARTOR VIEW ASSOCIATES, INC.

Principal Place of Business

C/O METRO INSPECTIONS
725 N A1A, STE C-204
JUPITER FL 33477
US

Mailing Address

C/O METRO INSPECTIONS
725 N A1A, STE C-204
JUPITER FL 33477
US

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90008 011 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0715122 -

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21 **177 NORTH U.S. HWY ONE**

Suite, Apt. #, etc.

22 **PMB 308**

City & State

23 **TEQUESTA, FL**

Zip

24 **33461**

Country

25 **USA**

2a. Mailing Address

27 **177 NORTH U.S. HWY ONE**

Suite, Apt. #, etc.

28 **PMB 308**

City & State

29 **TEQUESTA, FL**

Zip

30 **33461**

Country

31 **USA**

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION INC.
222 LAKEVIEW AVE STE 800
WEST PALM BEACH FL 33401

81 Name

RUDEN, MCCLOSKEY, SMITH, SCHUSTER, et al.

82 Street Address (P.O. Box Number is Not Acceptable)

222 LAKEVIEW AVE

83

SUITE 800

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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 **Steven R. Pearson, V.P. of Ruden, McClosky, et al.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/99

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **LARIZZA, RONALD T**

STREET ADDRESS **460 S. BEACH ROAD**

CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE **RONALD T. LARIZZA**

8/31/99 561-747-5357

CR2E034 (5/99)

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