

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000067646 (5)

1. Corporation Name

HIGHLAND ECLAD, INC.



Principal Place of Business

1126 HAMMONDVILLE RD  
POMPANO BEACH FL 33069

Mailing Address

1126 HAMMONDVILLE RD  
POMPANO BEACH FL 33069-2834

2. Principal Place of Business

21 1120 NE 48th St

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach FL

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 1126 Martin Luther King

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach FL

Zip

29 33069

Country

30 USA

3. Date Incorporated or Qualified

08/12/1996

3a. Date of Last Report

NA

4. FEI Number

65-0693509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HARDY, NOEL D  
1126 HAMMONDVILLE RD  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

Hardy, Noel D

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

1126 Martin Luther King Blvd

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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

Noel D. Hardy

Noel D. Hardy

President

4/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD  
HARDY, NOEL D  
1220 NE 9TH ST  
POMPANO BEACH FL 33060

TITLE NAME ☐ DELETE

VSD  
HARDY, JAMES D  
190 NE 28TH CT  
POMPANO BEACH FL 33064

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 Noel D. Hardy Noel D. Hardy President 4/20/97 999-999-3663

CR2E034 (9/96)