

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 • 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Wertham,
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000072419 (9)

1. Corporation Name
HARDING AVENUE CORPORATION



Principal Place of Business
9703 SOUTH DIXIE HIGHWAY
SUITE 3H
MIAMI FL 33156

Mailing Address
9703 SOUTH DIXIE HIGHWAY
SUITE 3H
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified
08/21/1997

4. FEI Number
APPLIED FOR

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMENA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
MATTHEW A. CONNOLLY

82 Street Address (P.O. Box Number is Not Acceptable)
7300 S. DIXIE HWY

83
SUITE 10F

84 City
MIAMI

85 Zip Code
FL 33156

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 *Matthew A. Connolly* **MATTHEW A CONNOLLY** **2/14/98** DATE

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNOLLY, MATTHEW A	
STREET ADDRESS	9703 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COVE, STUART	
STREET ADDRESS	9703 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Matthew A. Connolly* **MATTHEW A CONNOLLY** **2/14/98** **305-670-5240**

CR2E034 (10/97)