


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90228 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P97000072419 ✓  
 1. Corporation Name  
 HARDING AVENUE CORPORATION

Principal Place of Business 9703 S. Dixie Highway Suite 3HU Miami, FL 33156	Mailing Address 9703 S. Dixie Highway Suite 3H Miami, FL 33156
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1997	4. FEI Number Applied for	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1530 NE 40th Street Suite, Apt. #, etc. 22	2a. Mailing Address 26 1530 NE 40th Street Suite, Apt. #, etc. 27
23 City & State Oakland Park, FL Zip Country 33334 US	28 City & State Oakland Park, FL Zip Country 33334 US

9. Name and Address of Current Registered Agent  Amer Lawyer Chartered 343 Almenia Avenue Coral Gables, FL 33134	10. Name and Address of New Registered Agent 81 Name Henry W. Johnson 82 Street Address (P.O. Box Number is Not Acceptable) 1401 University Drive, Ste. 301 83 84 City Coral Springs FL 85 Zip Code 33071
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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: *Henry W. Johnson* Henry W. Johnson DATE: 4-29-99

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" 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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oberholtzer, Jack
1.3 STREET ADDRESS	1530 NE 40th Street
1.4 CITY-ST-ZIP	Oakland Park, FL 33334
2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cove, Stuart
2.3 STREET ADDRESS	1530 NE 40th Street
2.4 CITY-ST-ZIP	Oakland Park, FL 33334
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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Oberholtzer* DATE: 4-29-99 (954) 523-8440