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CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42415

(7)

HARTCONN CORPORATION

<u>.</u>							
Principal Place of Business 1100 LINTON BLVD SUITE C9 DELRAY BEACH FL 33444		Mailing Add			1 100 110 110 110 110 110 110 110 110 1		,
		P O BOX 47 PORTSMOUT US	727 TH NH 03802	2-4727			
US BEACK	d FL 33444	UJ			3. Date Incorporated or Qualified	3a. Date of Last Re	eport
					03/26/1991	05/01/1996	
2. Principal P	lace of Business	2a. Mailing	Address		4. FEI Number	Ap	plied For
21		26			65-0256054		t Applicable
Suite, Apt	#, etc	<u>-</u>	vpt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & State		27 City & S	State		6. Election Campaign Financing	\$5.00	
23		28	76410		Trust Fund Contribution	Added to	
Z(p	Country	Zip		Country	8. This corporation has liability for		199.032,
24	25	29		30	,	Yes No	
		s of Current Registered Ag	jent	Od Name	10. Name and Address of New Re	glatered Agent	
	TCHFIELD, RICHARD H.			B1 Name			
	5 NORTH CONGRESS 7			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
TBOY	r nton beach fil 334 2	20-	1	(L 83			
//	100 LINI	TON BUUD	6-4	<i>f</i> [°]			
	no ale	TON BLUD BEACH P	3 2:	34 City		FL 85 Zip (Code
X	IELKAY 1.	JEMUTI 1	- >=	= 744		"	n rogietaro
		ons 607.0502 and 607.1508, in the State of Florida, Such	, Florida Stati i change was	tutes, the above-hamed cor is authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose or changing in pt the appointment as	registered
office or r		et the obligations of Section	POST ŠEDE I	Florida Statutos			
office or r	im familiar with, and accep	of the obligations of, acction	n 607.0303, 1	1 londa Statoles.			
office or r agent. La	am landiar with, and accep					247	
office or r agent. La SIGNATURE	Squatur Typed or printed name of	vli⊾g-stered agent and title if applicable		IOTE: Registered Agent signature requ		DATE CERS AND DIRECTOR	IS IN 12
office or r agent. La SIGNATURE	Separation lyped or printed name of OFF			IOTE: Registered Agent signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFICE		
office or ragent. La SIGNATURE 12.	Squature Typed or prior of caree of OFF	Tregistered agent and title if applicable	le. (NO	IOTE: Registered Agent signature requ		CERS AND DIRECTOR	
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MARK Walsh