

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S48074 (6)

1. Corporation Name:
HARDING CAPITAL MANAGEMENT, INC.



Principal Place of Business 4440 N OCEANSHORE BLVD STE 105 PALM COAST FL 32137 US	Mailing Address P. O. BOX 352737 N/A PALM COAST FL 32135-2737 US
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3. Date Incorporated or Qualified 04/25/1991	3a. Date of Last Report 02/23/1996
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2. Principal Place of Business 21 169 Daniel Webster Hwy Suite, Apt. #, etc. Suite 7 City & State 23 Meredith, NH Zip 24 03253 Country 25 USA	2a. Mailing Address 26 169 Daniel Webster Hwy Suite, Apt. #, etc. Suite 7 City & State 28 Meredith, NH Zip 29 03253 Country 30 USA
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4. FEI Number 59-3067110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HARDING, SEYMOUR L.
4440 N OCEANSHOR BLVD., STE 105
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name Seymour L. Harding
82 Street Address (P.O. Box Number is Not Acceptable) 2855 Stone Avenue
83
84 City Deland FL 85 Zip Code 32720

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: **Seymour L. Harding, President** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE PTD	NAME HARDING, SEYMOUR L	<input type="checkbox"/> DELETE
STREET ADDRESS 4440 N OCEANSHORE BLVD., STE 105	CITY-ST-ZIP PALM COAST FL	
TITLE VSD	NAME HARDING, JEFFREY A.	<input type="checkbox"/> DELETE
STREET ADDRESS 4440 N OCEANSHORE BLVD., STE 105	CITY-ST-ZIP PALM COAST FL	
TITLE ST	NAME SATCHFIELD, PATRICIA A.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4440 N OCEANSHORE BLVD, #105	CITY-ST-ZIP PALM COAST FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Seymour L. Harding	
1.3 STREET ADDRESS 2855 Stone Avenue	
1.4 CITY-ST-ZIP Deland, FL 32720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE Vice-Pres., Secretary	
2.2 NAME Jeffrey A. Harding	
2.3 STREET ADDRESS RFD1, Box 321N	
2.4 CITY-ST-ZIP Ashland, NH 03217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
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 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, unchanged or on an attachment with an address.

SIGNATURE: **Jeffrey A. Harding, Vice-Pres** 1/29/97 (603) 279-7100

CP2E034 (9/96)