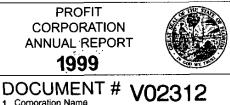
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

HARTMAN COMPANY OF PALM BEACH INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90020 034 ***150.00

Principal Place	of Business	Mailing Address				T I THE THE THE THE TOTAL STATE (THE THE THE THE THE THE THE THE THE THE	#1\$11 \$1\$11 B	1961 91971 6 1	IBII QIQ II (QB I	
1220 BEAR ISLAND DRIVE 1220 BEAR ISLAND DRIVE										
W PALM BEACH FL 33409 W PALM BEACH FL 33409						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		·		
						12/20/1991				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For	
21		26				65-0304183			t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 A	quired	
City & State	9	City & State	-			6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to		
Zip	Country	Zip	Coun	try		8. This corporation owes the current ye	ear Intang	ble		
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Cu	rrent Registered Agent		1		10. Name and Address of New Regist	tered Age	<u>nt</u>		
	71111 DOM		[;	B1	Name					
	TMAN, DON BEAR ISLAND DRIVE		:	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
	ALM BEACH FL 33409			83						
				84	City		P*1 8	5 Zip C	Code	
							<u>FL </u>			
office or re	agistored agent or both in the St	.0502 and 607.1508, Florida Statut tate of Florida. Such change was a oligations of, Section 607.0505, Flo	uthorized	hv t	-named corpo the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	appointm	nging its ent as reç	registered gistered	
SIGNATURE	A Province Control of the Control of									
	Signature, typed or printed name of registered		_	lgent	signature required		ATE AND F	VIDECTO	DC IN 12	
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE	P	C) DECER	1.2 NAA				_	•		
NAME	HARTMAN, DON		1		ADDRESS					
STREET ADDRESS	1220 BEAR ISLAND DRIVE		1.4 CIT							
CITY-ST-ZIP TITLE	WEST PALM BEACH FL	☐ DELETE	2.1 TITL		-ZIF		Е	Change	Addition	
NAME	ST HADTMAN DITA		2.2 NAM		}				İ	
	HARTMAN, RITA 1220 BEAR ISLAND DRIVE				ADORESS					
STREET ADDRESS	WEST PALM BEACH FL		2.4 CIT						1	
CITY-ST-ZIP TITLE	THEO I FALM DEAUN PL	☐ DELETE	3.1 TITL] Change	☐ Addition	
NAME		_	3.2 NAN		1					
STREET ADDRESS			3.3 STR	EET.	ADDRESS					
CITY-ST-ZIP			3.4. CIT			<u>_</u>				
TITLE	<u> </u>	☐ DELETE	4.1 TITL] Change	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4 3 STF	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	51 TITL	Æ			L] Change	☐ Addition	
NAME			5.2 NAM	ИΕ						
STREET ADDRESS			5.3 STF	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		-ZIP					
TITLE		☐ DELETE	6.1 TITI	E] Change	☐ Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STF	REET	ADDRESS					
CITY ST 7ID			6.4 CIT	Y-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 attaching with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR