FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000068329 (9)

VAN-HART, INC.

SIGNATURE:

DOCUMENT #

1. Corporation Name

					<u> </u>		188 11178 4818 814 881
Principal Place of Business Mailing Address							
171 SPRING VERO BEAC		171 SPRINGLINE DR. VERO BEACH FL 32963					
					3. Date Incorporated or Qualified 09/16/1994	3a. Date of La 05/0	st Report 1/1995
2. Principal Plac	ce of Business	2a, Mailing Address			4, FEI Number		Applied For
21		26 301 S. Mc DOWELL STREET			65-0522507 Not Applicabl		
Suite. Apt. #, etc.		Suite, Apt. #, etc. 27 Suite \(\sqrt{00} \)		5. Certificate of Status Desired	1 1	1.75 Additional Fee Required	
Ony & State	A . A . A . A . A . A . A . A . A . A .	City & State			6. Election Campaign Financing	\$	5.00 May Be
3		28 Charlotte, NC.		Trust Fund Contribution	1 1	dded to Fees	
Ζιρ	Country	Zip	Cour	ntry	8. This corporation has liability for		lers 199.032,
4	25		30			□No	
	g. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New F	egistered Agen	1
	N, JACK P		82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
	RINGLINE DR.		}	83			
VERU E	BEACH FL 32963						
				84 City		FL 85	Zip Code
11 Pursuant to	the provisions of Sections 607.0502	2 and 607 1508. Florida Statutes	the abo	ve-named corp	oration submits this statement for the pul	mose of changing	its registered offic
or registere	ed agent, or both, in the State of Flori	da " Such change was authorized	i by the c	orporation's bo	hard of directors. Thereby accept the app	ointment as régis	tered ägent. Lam
	1, and accept the boligations of Sec	Pri 607.0000, Florida Statutes.				7/1/0	/
SIGNATURE	signative/typed or printed name of registered agent	t and lifte if applicable (NOTE	Aegistered	Agert signature requ	irad when reinstating)		D
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITLE	//DP	☐ DELETE	1.11	TŁE		Ch	ange 🔲 Addition
NAME	HARTON, JACK P		1.2 N/	ME.			
STREET ADDRESS	171 SPRINGLINE DR.		1.3 \$3	REFT ADDRESS			
CITY - SF - Z:P	VERO BEACH FL 32963		1 4 CI	IY-S1-ZIF	>->		
TITLE	DST	DELETE	DELETE 2 1 TITLE 2 2 NAME			Change Madditio	
NAME	HARTON, DALE V						
STREET ADDRESS	171 SPRINGLINE DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963	BEAUM FL 32963		TY-ST-Z-P	Change Addition		
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NAME				TREET ADDRESS			
STREET ADDRESS							
CITY - ST - ZIF TITLE		DELETE	4, 1 F	TY-ST-ZIP		□ Ch	ange 🔲 Addition
NAME		<u></u>	42%				
STREET ADDRESS				REFT ADDRESS			
CITY - ST - ZIP				TY-ST-7IF			
TITLE		☐ DELETE	5 1 1			☐ Ch	ange 🔲 Addition
NAME			5 2 N	ME [
STREET ADDRESS			535	FEET ACCRESS			
CITY - ST - ZIF			54C	TY ST-ZIP			
TITLE		☐ DELETE	6 I T	OLE T		□ Ct	ange
NAME			6.2 N	AME -			
STHEFT ADDRESS			63S	FREE LADORESS			
CITY+ST-ZIP				TY - ST - ZIP		07/0/41 5: ::	Otal Ass 13 dis-
					y for the exemption stated in Section 115 trate and that my signature shall have the this report as required by Chapter 607, F		

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor Proper 556