

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 690104 (5)

1. Corporation Name
HART CORPORATION/FLORIDA DIVISION



Principal Place of Business
900 JAYMOR RD
SOUTHAMPTON PA 18966

Mailing Address
900 JAYMOR RD
SOUTHAMPTON PA 18966-3820

3. Date Incorporated or Qualified 06/12/1981	3a. Date of Last Report 05/29/1996
4. FEI Number 23-2193368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**MIRS, MILEY
ROUTE 7, BOX 815A
TALLAHASSEE FL 32317**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PARKS, S MICHAEL	1.2 NAME	
STREET ADDRESS	900 JAYMOR RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SOUTHAMPTON PA	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, L JOSEPH	2.2 NAME	
STREET ADDRESS	900 JAYMOR RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SOUTHAMPTON PA	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, KENIN B	3.2 NAME	
STREET ADDRESS	900 JAYMOR RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SOUTHAMPTON PA	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	MIRS, MILEY	4.2 NAME	
STREET ADDRESS	1213 MICCOSUKEE RD.	4.3 STREET ADDRESS	Route 7, Box 815A
CITY-STATE-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-STATE-ZIP	Tallahassee, FL 32317
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 on Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: /L. Joseph Meyer, Sec/Treas 2/24/97 215/322-5100

CR2E034 (9/96)