

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60801** (2)

1. Corporation Name
HEART FAX, INC.

Principal Place of Business Mailing Address
~~207-9 AIRPORT RD~~ ~~P.O. BOX 8329~~ ~~NAPLES FL 33941~~
~~207-9 AIRPORT RD~~ ~~P.O. BOX 8329~~ ~~NAPLES FL 33941~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1010 5th Ave. S.	25	P.O. Box 8329	03/22/1990	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 300		27		65-0187587	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Naples, Florida		28 Naples, Florida		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33940	25 Collier	29 33941	30 Collier		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOONER, EUGENE C 1823 CRAYTON RD NAPLES FL 33940				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OFF	11 TITLE	Dir. Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVIN GATTLE, JAMES L.	12 NAME	Anton E. Dooner
STREET ADDRESS	240 SPRINGLINE DR.	13 STREET ADDRESS	330 15th Street SW
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33964
TITLE	DS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, ROBERT E	22 NAME	DELETED
STREET ADDRESS	600 NEOPOLITAN WAY	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	DC	31 TITLE	Dir. Chairman, President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, EUGENE C	32 NAME	
STREET ADDRESS	1823 CRAYTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBER, ROBERT B	42 NAME	
STREET ADDRESS	657 17TH AVE S	43 STREET ADDRESS	2240 Southwind Drive
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, Florida 33940
TITLE	DVP	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LongBINE, DAVID L	52 NAME	
STREET ADDRESS	508 RIDGE DR	53 STREET ADDRESS	6622 Ilex Circle
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Naples, Florida 33942
TITLE	VPO	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONER, JOAN E	62 NAME	
STREET ADDRESS	5281 10TH AVE SW	63 STREET ADDRESS	P. O. Box 7369
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	Naples, Florida 33941

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: _____ 813-643-7007
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Anton E. Dooner, Secretary-Treasurer