

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

FILED

**May 01 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 # L60801 (2)
1. Corporation Name
HEART FAX, INC.



| | |
|---|---|
| Principal Place of Business 1010 5TH AVENUE S. SUITE 300 NAPLES FL 33940 US | Mailing Address P.O. BOX 8329 NAPLES FL 34101-8329 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/22/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0187587 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

DOONER, EUGENE C
1823 CRAYTON RD
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **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 _____ DATE _____
Signature: Type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DST <input type="checkbox"/> DELETE |
| NAME | DOONER, ANTON E |
| STREET ADDRESS | 330 15TH STREET SW |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | DCP <input type="checkbox"/> DELETE |
| NAME | DOONER, EUGENE C |
| STREET ADDRESS | 1823 CRAYTON RD |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | DVP <input type="checkbox"/> DELETE |
| NAME | TOBER, ROBERT B |
| STREET ADDRESS | 2240 SOUTHWIND DRIVE |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | DVP <input type="checkbox"/> DELETE |
| NAME | Longbine, David L |
| STREET ADDRESS | 6622 ILEX CIRCLE |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | DOONER, JOAN E |
| STREET ADDRESS | P.O. BOX 7369 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(j), 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 _____ DATE **4/25/97** DAYTIME PHONE # **941-643-7007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)