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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996	DIVISION OF	CORPORATIONS		
DOCUM  1. Corporation N  HEAVEN	ENT # <b>P920</b> ( lante  LY HOUSEKEEPERS, IN	00014389 (0 NC.	)	( 3551004) ((8 3540 )(8)) 5044 5044 5044	ı Barılı Barışı ileli ekter ilkel 1816 illi ileli
Principal Place of	f Business	Mailing Address		1 (68)1681 110 (611)	
12185 S W 131 AVE		17740 S W 75 AVE MIAMI FL 33157-6319			
MIAMI FL 33157 US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/21/1992 4. FEI Number	02/09/1995 Applied For
2. Principa! Place	e of Business	2a. Mailing Address 26		65-0382266	Not Applicable
Suite, Apl. #,	etc.	Suite, Apt. #, etc.	ALL WILLIAM TO THE REAL PROPERTY OF THE PERTY OF THE PERT	5. Certificate of Stalus Desired	\$8.75 Additional Fee Required
2		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country 30	8. This corporation has liability for Elorida Statutes	r intangible tax under si 199.032, is : No
4	25 9. Name and Address of Cur	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]	10. Name and Address of New	
			81 Name	DR, CRAIA R.	
DEARR, C	CRAIG R		82 Street Addr	ess (P.O. Box Number is Not Accepte	able)
9100 SO	UTH DADELAND BLVD.		83 6 9.50	M. Kendall	ν <u>ε</u> .
SUITE 10					85 Zip Gode
MIAM! FL			84 City	La Pha	FL 33156
or registere familiar with SIGNATURE	n, and agent, or both, in the state of the obligations of, S	Section 607.0505, Florida Statute	izeg by the corporation a bod est. ∉tt: FøgistalsiAgent spred mitre i ier	CW to fails this	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12  Change Addition
TITLE	D L	☐ DELETE	1 1 TITLE 12 NAME		
STREET ADDRESS	ZIMMERMAN, WALT 17740 S W 75 AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 C:TY - ST - ZiP		☐ Change ☐ Addition
TITLE		☐ DELETE	2 1 TITUE		Change Li Addition
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2 4 CiTY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3 1 THE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 C/TY - ST - Z/F 4. 1 T/LE	V	Change Addition
TITLE		□ bereit	4.2 NAME		
NAME			4 3 STREET ADORESS		
STREET ADDRESS CITY - ST - ZIP			4.4.C(TY - ST - 7/P)		[] (b) [] (1275-
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY - S1 - ZIP		[] DELFIE	6 1 TITLE		Change Addition
TITLE NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CiTY - ST - ZIF	to the event or stated in Postion 1	119.07/39/k) Florida Statutes I further
certify tha	by certify that the information sup- at the information indicated on this ill am an officer or director of the in Block 12 or Block 13 if changes	s annual report or supplemental a	stee empowered to execute i	, for the exemption stated in Section 1 trate and that my signature shall have this report as required by Chapter 607	the same legal effect as if made under Florida Statutes; and that my name

SIGNATURE AND TYPEGON PHINTED NAME OF STONING OFFICER OR DIRECTOR

4/2/56 (307) 238 1119