

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S54747**

(8)

1. Corporation Name

HEARTWOOD 13, INC.



Principal Place of Business

**1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304**

Mailing Address

**1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified
05/23/1991

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEIN Number

65-0294587

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARVALHO, JEAN
1750 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304**

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

Signature must be typed in this space and must be accompanied by

Date of Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
D LEVAN, ALAN
STREET ADDRESS
1750 EAST SUNRISE BLVD.
CITY, ST., ZIP
FORT LAUDERDALE FL

2. TITLE ☐ DELETE

NAME
PD GRIECO, FRANK
STREET ADDRESS
1750 EAST SUNRISE BLVD.
CITY, ST., ZIP
FORT LAUDERDALE FL

3. TITLE ☐ DELETE

NAME
V ABER, WILLIAM L.
STREET ADDRESS
1750 EAST SUNRISE BLVD.
CITY, ST., ZIP
FORT LAUDERDALE FL

4. TITLE ☐ DELETE

NAME
S CARVALHO, JEAN
STREET ADDRESS
1750 EAST SUNRISE BLVD.
CITY, ST., ZIP
FORT LAUDERDALE FL

5. TITLE ☐ DELETE

NAME
T EANES, JASPER
STREET ADDRESS
1750 EAST SUNRISE BLVD.
CITY, ST., ZIP
FORT LAUDERDALE FL

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

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 supplementary 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:

Jean Carvalho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (954) 760-5018
Date of Filing

CR2E034 (12/95)