

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **576395** (8)  
1. Corporation Name  
**HEARTSTRINGS GIFT SHOPS, INC.**



Principal Place of Business <b>FLORIDA MEDICAL CENTER 5000 W. OAKLAND PARK ROAD FT. LAUDERDALE FL 33313</b>	Mailing Address <b>FLORIDA MEDICAL CENTER 5000 W. OAKLAND PARK ROAD FT. LAUDERDALE FL 33313</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/21/1978</b>	
21		26	<b>3 GREENWICH OFFICE</b>	4. FEI Number <b>62-1035465</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	<b>PARK</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	City & State	28	<b>GREENWICH, CT</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Zip	29	<b>06831</b>	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	<b>FAIRFIELD</b>		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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
		<b>FL</b>	

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	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERLEY, RICHARD E</b>	1.2 NAME	<b>SEE ATTACHED LIST</b>
STREET ADDRESS	<b>52 GREY ROCKS ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILTON CT 06897</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>SPECTOR, RANDY B</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6 BARN SWALLOW DROVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNEY, ROBERT F</b>	3.2 NAME	
STREET ADDRESS	<b>76 SEMINARY STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT 06840</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SVPT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBER, NELSON</b>	4.2 NAME	
STREET ADDRESS	<b>70 HAT SHOP HILL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRIDGEWATER CT 06752</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEATS, ELLEN</b>	5.2 NAME	
STREET ADDRESS	<b>42 PERKINS ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ELLEN KEATS** 2/14/98 203 626 4320

CR2E034 (10/97)

**HEARTSTRINGS GIFT SHOPS, INC.  
OFFICERS  
and  
DIRECTORS**

- 1) Randy Bert Spector -- President  
6 Barn Swallow Drove  
Westport, CT 06880  
(203) 222-9432
  
- 2) Ellen Keats – Secretary (D)  
42 Perkins Road  
Greenwich, CT 06830  
(203) 862-9765
  
- 3) Catherine James - Treasurer  
Two Oakwood Lane  
Greenwich, CT 06830
  
- 4) Robert F. Barney – Executive Vice President  
76 Seminary Street  
New Canaan, CT 06840

(D) Denotes Director