

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720463** (9)
1. Corporation Name
HEARTBEAT, INC.

Principal Place of Business 20 FAIRWAY HILLS P. O. BOX 228 WAYNESVILLE NC 28786	Mailing Address 20 FAIRWAY HILLS P. O. BOX 228 WAYNESVILLE NC 28786
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2. Principal Place of Business 21 162 Fairway Hills Suite, Apt #, etc. 22 PO Box 228 City & State 23 Waynesville, NC Zip 24 28786	2a. Mailing Address 26 162 Fairway Hills Suite, Apt #, etc. 27 PO Box 228 City & State 28 Waynesville, NC Zip 29 28786
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3. Date Incorporated or Qualified 03/09/1971	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MESSER, O. M.
RT. 5, BOX 974
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81 Name Jack Tyler 82 Street Address (P.O. Box Number is Not Acceptable) 4708 Center Drive 83 84 City Tallahassee FL 85 Zip Code 32310

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.
SIGNATURE **X Jack E. Tyler** **JACK E. TYLER** **2/12/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PURVIS, SUSAN H. 20 FAIRWAY HILLS WAYNESVILLE N.C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PURVIS, THOMAS G. 20 FAIRWAY HILLS WAYNESVILLE NC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PURVIS, NANCY P 20 FAIRWAY HILLS WAYNESVILLE N.C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: **Thomas G. Purvis** **2/12/98** **704 456-3628**

CR2E037 (10/97)