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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H70863

(6)

HEARTHSTONE ENTERPRISES, INC.

Principal Plac		Mailing Address	Mailing Address		A INCOLUDI SILLI POETI URTUK PRIM KILINE III	it Badan nagat medat diada geber 1880 abah
5326 HWY #46 MMS FL 32754 US		5326 HWY #46 Mims Fl 32754-5415 Us	MIMS FL 32754-5415			
					3. Date Incorporated or Qualified 08/12/1985	3a. Date of Last Report 04/25/1996
2. Principal Prace of Business 28. Mailing Addres					4. FEI Number	Applied For
21 26 Suite. Apt. #, etc. Suite. Apt.			6 010		59-2668005	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 28		City & State	,		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country	i	8. This corporation has liability for	
24	9. Name and Address of	29 of Current Registered Agent	30		Florida Statutes 10. Name and Address of New Ro	Yes No
DIE			81	Name	TO, THE TO STATE OF THE PARTY	afintaing whatt
PUGH, JAMES L. 5326 HWY 48			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
MIM	S FL 32754		83			
			84	City		B5 Zip Code
			ľ	•		FL
nthee or r	reastered anent or both in	607.0502 and 607.1508, Florida Statut the State of Florida. Such change was a the obligations of, Section 607.0505, Flo	authorized by	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
SIGNATURE	Signature typno or precedinate of re-				***************************************	
12.		CERS AND DIRECTORS	13.	int signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TIT.,F	PSD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PUGH, JAMES L		1.2 NAME			- "
STREET ADDRESS	5326 HWY 46		1.3 STREET	ADDRESS		
CITY-ST-7IP	MIMS FL		1.4 CITY-S	T- ZIP		
TITLE			2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
COY ST ZIP Tall	**************************************	DELETE	2 4 CiTY-5 31 TITLE	ST-ZIP	1 - 2	Change Addition
NAME			32 NAME			
STREET AODRESS			3.3 STREET	ADDRESS		
CITY \$1-709			3 4. CiTY-5			
T-TLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	ľ		
STREET ADDRESS	:SS		4.3 STREET	ADDRESS		
CITY-ST-ZIF		DG FIG	4 4 CITY-S	T-ZIP		
Tille		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME etode Laborace			5.2 NAME	1000000		
STREET ADORESS			5.3 STREET			
CITY - ST - ZIF TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZP		☐ Change ☐ Addition
NAME			6.2 NAME		•	
STREET ADORESS			6.3 STREET	ADDRESS		
			V.5 0111kU			

14. I do 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 amaltachment with an address.

SIGNATURE:

FILED

Apr 28 1997 8:00am

Secretary of State