FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63897** **(9)**

1. Corporation Name

HEARTWOOD 87 INCORPORATED

Principal Place of Business	Mailing Address
1750 E. SUNRISE BLVD. P.O. BOX 8608 FT. LAUDERDALE FL 33304	1750 E. SUNRISE BLVD. P.O. BOX 8608 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1987	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0002610	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §199.292, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

CARVALHO, JEAN
1750 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP	XX Change [ ] Addition
NAME	ABER, WILLIAM	1.2 NAME		
STREET ADDRESS	1750 E. SUNRISE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE	VP	XX Change [ ] Addition
NAME	DURKIN, CHARLES V.	2.2 NAME		
STREET ADDRESS	1901 W. CYPRESS CREEK RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		[ ] Change [ ] Addition
NAME	LEVAN, ALAN B.	3.2 NAME		
STREET ADDRESS	1750 E. SUNRISE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		[ ] Change [ ] Addition
NAME	CARVALHO, JEAN	4.2 NAME		
STREET ADDRESS	1750 E. SUNRISE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D/P	[X] Change [ ] Addition
NAME	GRIECO, FRANK, V	5.2 NAME		
STREET ADDRESS	1750 E. SUNRISE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	T	[ ] Change [X] Addition
NAME		6.2 NAME	Jasper R. Eanes	
STREET ADDRESS		6.3 STREET ADDRESS	1750 E. Sunrise Blvd	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale Fl	

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)(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: Jean Carvalho 5/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0211981 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY ... 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J64041 (3)

1. Corporation Name

K & S PAINTING, INCORPORATED

Principal Place of Business
6430 COOLIDGE ST.
HOLLYWOOD FL 33024

Mailing Address
7680 NW 12TH ST
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1987	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2642592	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business
21 7680 NW 12th St
22 Suite, Apt. # etc.
23 Pembroke Pines Fl.
24 33024 25 USA

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

MCKNIGHT, SUKKI
7680 NW 12TH ST.
PEMBROKE PINES FL 33024

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKNIGHT, ROBERT JAMES
STREET ADDRESS	7680 NW 12TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	~~V~~
NAME	~~YI, KI SUP~~
STREET ADDRESS	~~6430 COOLIDGE ST~~
CITY-ST-ZIP	~~HOLLYWOOD FL~~
TITLE	ST
NAME	MCKNIGHT, SUKKI
STREET ADDRESS	7680 NW 12TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Pres VP	☐ Change ☐ Addition
1 NAME	Robert McKnight	
1 STREET ADDRESS	7680 NW 12th St	
1 CITY-ST-ZIP	Pem Pines Fl 33024	
2 TITLE	Secretary Treas	☐ Change ☐ Addition
2 NAME	Sukki McKnight	
2 STREET ADDRESS	7680 NW 12 St	
2 CITY-ST-ZIP	Pem Pines Fl 33024	

14. I 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)(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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006940 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

9:MAY 15 AM 10:15

TALLAHASSEE, FLORIDA

DOCUMENT # **J66030** **(4)**

1. Corporate Name
FIDELITY BUSINESS CONSULTANTS, INC.

Principal Place of Business
725 NE 1ST ST
GAINESVILLE FL 32601

Mailing Address
725 NE 1ST ST
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. # or Bldg. 22
Suite, Apt. # or Bldg. 27

City & State 23
City & State 28

Zip 24 County 25
Zip 29 County 30

4. FEI Number: **58-1761012** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

ALLEN, KATHLEEN
1004 N.E. 5TH AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 Section 607.0501 and 607.1008 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
91 TYPE	VPD	91 TYPE ☐ Change ☐ Addition
92 NAME	ALLEN, KATHLEEN	92 NAME
93 STREET ADDRESS	1004 N.E. 5TH AVE.	93 STREET ADDRESS
94 CITY-ST-ZIP	GAINESVILLE FL	94 CITY-ST-ZIP
95 TYPE	PD	95 TYPE ☐ Change ☐ Addition
96 NAME	ALLEN, RICHARD	96 NAME
97 STREET ADDRESS	1004 N.E. 5TH AVENUE	97 STREET ADDRESS
98 CITY-ST-ZIP	GAINESVILLE FL	98 CITY-ST-ZIP
99 TYPE		99 TYPE ☐ Change ☐ Addition
100 NAME		100 NAME
101 STREET ADDRESS		101 STREET ADDRESS
102 CITY-ST-ZIP		102 CITY-ST-ZIP
103 TYPE		103 TYPE ☐ Change ☐ Addition
104 NAME		104 NAME
105 STREET ADDRESS		105 STREET ADDRESS
106 CITY-ST-ZIP		106 CITY-ST-ZIP
107 TYPE		107 TYPE ☐ Change ☐ Addition
108 NAME		108 NAME
109 STREET ADDRESS		109 STREET ADDRESS
110 CITY-ST-ZIP		110 CITY-ST-ZIP
111 TYPE		111 TYPE ☐ Change ☐ Addition
112 NAME		112 NAME
113 STREET ADDRESS		113 STREET ADDRESS
114 CITY-ST-ZIP		114 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 13 above, or on an attachment with an X next to it.

SIGNATURE: RICHARD R. ALLEN 5/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0032363 CP