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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

J76363

(7)

ART TO HEART INCORPORATED



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Principal Place		Mailing Address						
P. O. BO) Cape co	x 151342 Pral Fl 33915	P. O. BOX 151342 Cape Coral FL 3	P. O. BOX 151342 CAPE CORAL FL 33915					
					3. Date Incorporated or Qualifi 05/29/1987		e of Last F 04/28/1	
2. Principal Place of Business		2a. Mailing Address	2a, Mailing Address		4, FEI Number		Applied For	
21		26			59-2815750			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	X		5 Additional Required
City & Stati	le	City & State			6. Election Campaign Financing	a		May Be
23		28			Trust Fund Contribution	<u> </u>		d to Fees
Ζιρ	Country	<i>Ζ</i> φ	Country		8. This corporation has liability		ax under s	199.032,
24	25 9. Name and Address of Curre	29	30			Yes No		
	9. Name and Address of Curr	ent negistered Agent	81	Name	10. Name and Address of Ne	w Registered	Agent	
HARM	AON, BRUCE				// C 5)			
	S.W. 9TH STREET		82 Street A		ress (P.O. Box Number is Not Accep	ptable)		
	CORAL FL 33991		83					
			84	City			85 Z	p Code
	to the provisions of Sections 607,050			,		FĻ	. ' '	,
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tamiliar wa	Support we dispersion protest many of regularization. OFFICERS A	ंज 119ल रहाउर बदल । है ND DIRECTORS	SS. SOIL Frog field Age. 13.	1 signet its requires	dwereisterg ADDITIONS/CHANGES TO 0	DAIL OFFICERS AND	DIRECTO	DRS IN 12
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14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 directory 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 13 or Block 13 or an attachment with an address.

SIGNATURE:

BRUGHARMON BRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/27/96

(941) 459-5383

Dayime Phone #