FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION



Sandra B. Mortham

	INUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS					
	MENT # J950 9	90 (3)				
HEBER	I, INC.				1 HAANKA TAUD NANDA ARKIN ARKIN ARKI	i BBH Bibli Bibli Bibli Bibli Bibli Bibli Bibli 1869
Principal Place o	of Discinese	Massa Address				
,		Mailing Address	eten elle			. 2011 01011 01011 01011 01011 01011 01011 1001
1290 E. OAKLAND PARK BLVD. 1290 E. OAKLAND PARK BI SUITE 200 SUITE 200 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334			PARK BLVU.			
			L 33334		3. Date Incorporated or Qualified	3a. Date of Last Report
		1			10/01/1987	03/20/1995
2. Principal Place of Business		2a. Mailing Address	F		4. FEt Number 65-0005965	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
City & State		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Coatribution	\$5.00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution 8. This corporation has liability for in	Addled to Fees
24	25	29	30		Florida Statutes Yes	□ X No
	g. Name and Address of Curr	ent Registered Agent	81	1 Name	10. Name and Address of New R	egistered Agent
HARMON	n, Susan		L			
	ST OAKLAND PARK		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
#200			83	3		
FT. LAUE	DERDALE FL 33334		84	4 City		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above sections of Sections 607.0502 and 607.1508, Florida Statutes, the above sections of Sections 607.0502 and 607.1508, Florida Statutes, the above sections of Sections 607.0502 and 607.1508, Florida Statutes, the above sections of Sections 607.0502 and 607.1508, Florida Statutes, the above sections of Sections 607.0502 and 607.1508, Florida Statutes, the above sections 607.0502 and 607.1508, Florida Statutes, florida Stat				named corne	eration a harita this statement for the pur	FL
familiar with	n, and accept the obligations of, Se	onda. Such change was author ection 607.0505, Florida Statute	rized by the cor es.	poration's boa	ard of directors. Thereby accept the appo	bintment as registered agent. I am
12.	Signature, typed or printed name of registered agr	ont and title if applicable. (NAND DIRECTORS	NOTE: Registered Age	ont signature require		DATE
TrillE	DP	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
NAME	HARMON, SUSAN		1.2 NAME	1		· · ·
STREET ADDRESS	1290 É OAKLAND PARK B	LVD		ET ADDRESS		
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	☐ DELETE	1.4 CHY- 2 1 TITLE			Change C3 Addition
NAME			2.2 NAME			Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2 4 CiTY-			
TITLE		☐ DELETE	3. 1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME	į		
CITY-ST-ZIP			3.3 STREE 3.4 CITY -	ET ADDRESS ST-2IP		
THLE		☐ DELETE	4. 1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	ET ADDRESS		•
CITY-ST-ZIP TITLE		DELETE	4 4 CITY - 5 1 TITLE			
NAME						☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TOTLE		☐ DELETE	6. 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
011Y-S1-ZIP 14. do hereby	certify that the information supplier	d with this filing is voluntarily fur	6.4 CITY -	es not qualify t	for the exemption stated in Section 119.0	STIMUL Clarida Chatutan further
oath; that I a	ne momadon socicateo en tois an	inual report or supplemental and poration or the receiver or truste	inual report is tri tee empowered	TIA ANG ACCURA	for the exemption stated in Section 119.0 ate and that my signature shall have the s ais report as required by Chapter 607, Flo	camp local affact on it made under
SIGNATU	JRE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFI	Susa	an Harı	mon 4-24-96	6 954-561-9500

4-24-96 954-561-9500 Date Date Chapter Proper

CR2E034 (12/95)