

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005282 (9)**

1. Corporation Name

ABIDING HEARTS, INC.



Principal Place of Business		Mailing Address		
1020 BELVEDERE ROAD WEST PALM BEACH FL 33405 US		132 YUCATAN DRIVE PALM SPRINGS FL 33461 US		
2. Principal Place of Business		2a. Mailing Address		
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	
22	27		City & State	
23	28		29	
24	Zip	Country	Zip	Country
9. Name and Address of Current Registered Agent				
SCHWARTZ, HOWARD L 2101 CORPORATE BLVD, NW SUITE 204 BOCA RATON FL 33431				

3. Date Incorporated or Qualified	11/22/1993		
4. FEI Number	65-0469626	Applied For	
Not Applicable			
5. Certificate of Status Desired	<input 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			
10. Name and Address of New Registered Agent			
61	Name		
62	Street Address (P.O. Box Number is Not Acceptable)		
63			
64	City	FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JUSTIN, TIM	<input type="checkbox"/> DELETE	1.1 TITLE	RAJESH PARCKH	
NAME	132 YUCATAN DR.		1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	PALM SPRINGS FL		1.3 STREET ADDRESS	1020 BELVEDERE RD.	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	WEST PALM BEACH 33405	
TITLE	JUSTIN, LORI	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	132 YUCATAN DR.		2.2 NAME		
STREET ADDRESS	PALM SPRINGS FL		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	WOERNER, DIANA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	137 BILBAO ST.		3.2 NAME		
STREET ADDRESS	ROYAL PALM BEACH FL		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: 

4-23-98 (661) 688-4535