

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001652 (5)
1. Corporation Name

HEART ACTS TO FOLLOW, INC.



Principal Place of Business Mailing Address
2225 SOUTHWEST 27TH LANE 2225 SOUTHWEST 27TH LANE
MIAMI FL 33133 MIAMI FL 33133

3. Date Incorporated or Qualified 04/05/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 737 JEFFERSON AV 26 737 JEFFERSON AV
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 303 27 303
City & State City & State
23 MIAMI BEACH, FL 28 MIAMI BEACH, FL
Zip Country Zip Country
24 33139 25 USA 29 33139 30 USA

4. FEI Number 65-0588891 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'BRIEN, MEG
2225 SOUTHWEST 27TH LANE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name LANE O'BRIEN
82 Street Address (P.O. Box Number is Not Acceptable)
737 JEFFERSON AVE #303
83
84 City MIAMI BEACH FL 85 Zip Code 33139

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

TITLE ☐ DELETE
NAME SMITH, SARA LAXTON
STREET ADDRESS 2801 SEMINOLE
CITY-ST-ZIP COCONUT GROVE FL 33133
TITLE ☐ DELETE
NAME STANDIFORD, LES
STREET ADDRESS 7990 MONTGOMERY DRIVE
CITY-ST-ZIP MIAMI FL 33156
TITLE ☐ DELETE
NAME O'BRIEN, MEG
STREET ADDRESS 2225 SOUTHWEST 27TH LANE
CITY-ST-ZIP MIAMI FL 33133
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR ☐ Change ☒ Addition
12 NAME JAMIN O'BRIEN
13 STREET ADDRESS 737 JEFFERSON AVE #303
14 CITY-ST-ZIP MIAMI BEACH, FL 33139
21 TITLE DIRECTOR ☐ Change ☒ Addition
22 NAME SHAY O'BRIEN
23 STREET ADDRESS 1326 SW 27 LANE
24 CITY-ST-ZIP COCONUT GROVE, FL 33139
31 TITLE DIRECTOR ☐ Change ☒ Addition
32 NAME LANE O'BRIEN
33 STREET ADDRESS 737 JEFFERSON AVE #303
34 CITY-ST-ZIP MIAMI BEACH, FL 33139
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(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 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #