8-18-97 B- 8199 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # N95000001690 (5)

1. Corporation Name
HEARTS AND HOPE INC.

Principal Place of Business	Mailing Address
P.O. BOX 30686 PALM BEACH GARDENS FL 33420	P.O. BOX 30686 PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business
21 2908 Broadway
22 Suite, Apt. #, etc.
23 City & State: WPB - Florida
24 Zip: 33407 25 Country: Palm Beach

2a. Mailing Address
26 P.O. Box 30686
27 Suite, Apt. #, etc.
28 City & State: Palm Beach Gardens, FL
29 Zip: 33420 30 Country: Palm Beach

4. FEI Number: 65-0572315 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MRS. ANN BANE
560 VILLAGE BOULEVARD
SUITE 100
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: MARCELLINE M. SOLWAY
82 Street Address (P.O. Box Number is Not Acceptable): 14514 CYPRESS ISLAND CT.
83
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

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: MARCELLINE M. SOLWAY Marcelline M. Solway 8/13/97
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, PATRICE P		1.2 NAME	
STREET ADDRESS	3008 30TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STERNLIEB, CAROLE LCSW		2.2 NAME	
STREET ADDRESS	1324 SCOTTSDALE ROAD EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILNER, JACQUELINE		3.2 NAME	
STREET ADDRESS	2778 SOUTH OCEAN BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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: SIGNATURE REQUIRED