FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014138 (0)

THE HEARTH, INC.

456 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 US	456 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3504 US	
Principal Place of Business	Mailing Address	·, · · · · · · · ·

FILED May 07 1997 8:00am Secretary of State



Principal Place of Business 456 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 US		Mailing Address 456 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3504 US					3. Date Incorporated or Qualified 3a. Date of Last Report				
							03/15/1993	05/0	1/1996		
2. Principal Pi	ace of Business	2a. Mailing	Address				4, FEI Number		Α	pplied For	
21		26					65-0403538		. , . 	lot Applicable	
Suite, Apt 4	#, etc.	 	pt. #, etc.				5. Certificate of Status Desired			Additional leguired	
City & State		27 City & S	State							_ <u></u>	
₁	•	28	лаю				6. Election Campaign Financing) May Be I to Fees	
23 Zip	Country	Zip		Cour	ntrv		Trust Fund Contribution 8. This corporation has liability for I	ntancible			
24	25	29		30	,			Yes [p. 100.00a,	
	g. Name and Address of Current		ent	1001			10, Name and Address of New Re				
PERV	VIN, JEAN S				81	Name					
	OUTHEAST SECOND AVENUE			ļ.	82	Ctrock Add	ress (P.O. Box Number is Not Acceptab	lo)			
	E 623 INGRAHAM BUILDING			l'	52	Street Audi	ress (P.O. Box Number is Not Acceptate	10)			
	II FL 33131			ļ	83						
				Ļ		6.			Tan 1 7:-	- Codo	
					84	City		FL	65 Zip	Code	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on amiliar with, and accept the obligat	f Florida. Such	change was	authorized	i by I	the corporal	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of at the appo	changing ointment as	its registered s registered	
SIGNATURE	Signature Typed or printed name of registered agent	and title if analicable	(NO	TE: Decistared	Agan	d eknost vo son i	red when reinstating)	DATE			
12.	OFFICERS AND		(14)	13,	AND I	r egracore recto	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PD	DITE OF OTHE	DELETE	1.1 (17)) E		7,00,110,10,10,10,10,10,10	2.10.1010	Change		
NAME	FIX. GAIL			1.2 NAI			•			_	
STREET ADDRESS	9 ISLAND AVENUE SUITE 507					ADDRESS					
	MIAMI BEACH FL 33139			1.4 CIT							
CITY-ST-ZIP THILE	VD VD		DELETE	2.1 101		- Zir			☐ Change	Addition	
NAME	MILLER, PAMELA			2.2 NA							
	9 ISLAND AVE., SUITE 1502					ADDRESS	•				
STREET ADDRESS	MIAMI BEACH FL										
CITY-ST-ZIP	TD		DELETE	2. 4 CI		I · ZIP			Change	Addition	
THILE	FIX, KARIN		Land DELETE	3.1 IIII					- CHENTY		
NAME DESCRIPTION	800 WEST AVENUE SUITE 211					ADDDECC					
STREET ADDRESS	MIAMI BEACH FL 33139					ADDRESS					
CITY-ST-ZIP TITLE	HIPWIN DENOTT I E OCTOB		DELETE	3.4. CIT 4.1 TIT		I · ZIY			Change	Addition	
NAME			- OLLLIC	4.2 NA					—∞.yo		
						ADDRESS					
STREET ADDRESS											
CITY-SI-ZIP			DELETE	4.4 CIT 5.1 TIT		- <u>4</u> P			Change	Addition	
TITLE			LJ DECEN	1		ŀ			- Charigo	100mm	
NAME				5 2 NA		***********					
STREET ADDRESS						ADDRESS					
CITY-S1-ZIP			DELETE	5.4 CIT		-ZIP			Change	Addition	
THE			DELETE	6 t TiT					☐ cuange	L. Audilion	
NAME				6.2 NA							
STREET ADDRESS				6.3 \$11	REET A	ADDRESS					
CITY - ST - ZIP				6.4 CIT	Y-ST	- ZIP					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.