

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000001987 (3)**

1. Corporation Name  
**HEFTLER HOLDINGS, INC.**



Principal Place of Business Mailing Address  
~~4770 BISCAYNE BLVD. PENTHOUSE G MIAMI FL 33197 US~~  
**14970 E. Falconis Lea Drive Davie, FL 33331**  
~~4770 BISCAYNE BLVD. PENTHOUSE G MIAMI FL 33137-3251 US~~

3. Date Incorporated or Qualified **01/09/1995** 3a. Date of Last Report **06/07/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **14970 E. Falconis Lea Drive** 26 **14970 E. Falconis Lea Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0553715** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Davie Florida** 28 **Davie Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33331** 25 **USA** 29 **33331** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSEN, LAWRENCE N  
2825 AVENTURA BLVD.  
SUITE 308  
AVENTURA FL 33180**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HEFTLER, HERBERT</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD., PH G</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> DELETE
NAME	<b>KOVIN, JOEL B.</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD., PH G</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<del><b>VD</b></del>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>HEFTLER, ROGER</b></del>	
STREET ADDRESS	<del><b>4770 BISCAYNE BLVD, PH G</b></del>	
CITY - ST - ZIP	<del><b>MIAMI FL</b></del>	
TITLE	<del><b>V</b></del>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>SINOPOLI, WILLIAM</b></del>	
STREET ADDRESS	<del><b>4770 BISCAYNE BLVD., PH G</b></del>	
CITY - ST - ZIP	<del><b>MIAMI FL 33197</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>14970 E. Falconis Lea Drive</b>
1.4 CITY - ST - ZIP	<b>DAVIE, FL 33331</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>14970 E. Falconis Lea Drive</b>
2.4 CITY - ST - ZIP	<b>DAVIE, FL. 33331</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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.

SIGNATURE: **Joe B. Kavin** 2-6-97 (954) 680-9419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/e Phone #

CR2E034 (9/96)