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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000009695 (4)

HEARTS OF PALM, INC.

25

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm ip}$

Suite, Apt. #, etc.

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29

9. Name and Address of Current Registered Agent

1355 ROBERTS BAY LANE SARASOTA FL 34242

2. Principal Place of Business

HAMENT, LIVYA

1355 ROBERTS BAY LANE SARASOTA FL 34242

Suite, Apt. #, etc.

City & State

21

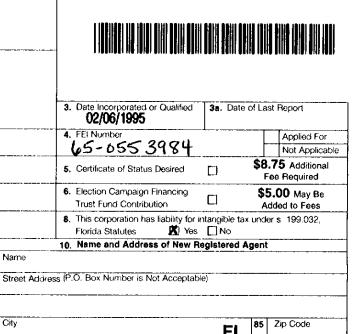
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Ζıp

1355 ROBERTS BAY LANE SARASOTA FL 34242



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

Country

81 Name

82

83 84 City

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or registere familiar with	id agent, or both, in the State of Florida. Such change wall, and accept the obligations of, Section 607.0505, Floric	as authorized l la Statules.	by the corporation's l	board of directors. I hereby accept the appointment as registered agr	ent. I am
SIGNATURE _	Signature, typed or printed name of registered agont and title if applicable	NOTE F	Rogister e d Agent signature re	TATE (potablicine) reshabilities instruction and Deviago	
12.	OFFICERS AND DIRECTORS	prove r	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE		ELETE	1. 1 TITLE		Addition
NAME	HAMENT, LIVYA		1.2 NAME		
STREET ADDRESS	1355 ROBERTS BAY LANE		13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		1.4 DITY - ST - ZIP		
TITLE		ELETE	2 1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CHTY-ST-ZIP			24 CITY - ST - ZIP		
THLE		ELETE	3. 1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CHY+S!-ZIP			3.4 CITY - ST - ZIP		
TITLE		ELETE	4. 1 TITLE	Change [Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		ELETE	5. 1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CI1Y-\$1-ZIF			5.4 CITY - ST - ZIP		
TOLE		ELETE	6 1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - ZIP			6.4 CiTY-ST-ZIP		

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

SIGNATURE: <