SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028469 (1)

BLUE HEART, INC.

Principal Place of Business	Mailing Address	
1102 E. 139TH AVENUE TAMPA FL 33613 US	1102 E. 139TH AVENUE Tampa FL 33613 US	

FILED Sep 25 1997 8:00am Secretary of State



(4/9/

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 07/24/1996 4. FÉI Number Applied For 59-3319906 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zio Country 8. This corporation owes or has paid the current year Intangible 29 30 Yes 24 25 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BURKETT, SHARBETTE** 1102 E. 139TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 **TAMPA FL 33613** 63 City 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 Signature, typod or profed name of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change T Addition TITLE 11 TITLE BURKETT, DON 1.2 NAME NAME 1102 E 139TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CANDLISH, JOHN NAME 2.2 NAME 3809 SOUTH VIEW CIRCLE STREET ADDRESS 2.3 STREET ADDRESS KNOXVILLE TN CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition 31 TITLE TITLE **BURKETT. SHARBETTE** NAME 3.2 NAME 1102 E. 139TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition BRENT, SYLVIA NAME 4.2 NAME 1102 E. 139TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST - 2IP Change noititbA 🔲 DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eath; 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 Statules; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address