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FILED

Apr 30 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000068299 (2)

1. Corporation Name

LIONHEART ENTERPRISES, INC.



Principal Place of Business

**5651 S.W. 2ND CT.
SUITE 202
MARGATE FL 33068**

Mailing Address

**5651 S.W. 2ND CT.
SUITE 202
MARGATE FL 33068-1840**

2. Principal Place of Business

21 5651 S.W. 2ND CT.

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 MARGATE, FL

Zip

24 33068

Country

25 USA

2a. Mailing Address

26 5651 S.W. 2ND CT.

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 MARGATE, FL

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

**OVERTON, ANDREW
5651 S.W. 2ND CT.
SUITE 202
MARGATE FL 33068**

3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

4. FEI Number

65-0688588

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

OVERTON, ANDREW

82 Street Address (P.O. Box Number is Not Acceptable)

5651 S.W. 2ND CT.

83

SUITE 201

84 City

MARGATE

FL

85 Zip Code

33068

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

(ANDREW OVERTON)

Signature as typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ DELETE

NAME **OVERTON, ANDREW**
STREET ADDRESS **5651 S.W. 2ND CT. SUITE #202**
CITY- ST- ZIP **MARGATE FL 33068**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

(ANDREW OVERTON, PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16

DATE

(954) 390-3170

DAYTIME PHONE #

CR2E034 (9/96)