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

**CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000059978 (1)

SIX HEARTS INC.

Principal Place of Business

Mailing Address

## **FILED** May 07 1998 8:00am Secretary of State



1541 NW 110 AVE PEMBROKE PINES FL 33026		1541 NW 118 AVE PEMBROKE PINES FL 33026		DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualified 07/09/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0769136	['	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	9	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the o	current year I	Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes	₩ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
HA	rt-Campbell, Nina		8	1 Name			
1541 NW 118 AVE PEMBROKE PINES FL 33026				82 Street Address (P.O. Box Number is Not Acceptable)			
	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			3			
			1 1	4 City		<b>65</b> Zig	p Code
		1007 1500 51 11 0			F		
office or re agent. La	to the provisions or sections but .0502 egistered agent, or both, in the State on familiar with, and accept the obligat	and 607.1508, Florida Statuti of Florida. Such change was a tions of, Section 607.0505, Flo	es, the abo authorized orida Statut	by the corporates.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	or changing ppointment a	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTI	E: Registered /	lgent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PO	DELETE	1.1 TITU	: T		Change	Addition
NAME	HART-CAMPBELL, NINA		1.2 NAM	E }			}
STREET ADDRESS	1541 NW 118 AVE		1.3 STR	ET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026			-ST-ZIP			ľ
TITLE	D	DELETE	2.1 TITU			Change	Addition
NAME	CAMPBELL, JASON	<del></del>	2.2 NAM				_
STREET ADDRESS	1541 NW 118 AVE			ET ADDRESS			}
CITY-ST-ZIP	PEMBROKE PINES FL 33026			-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	CAMPBELL, LEIGHTON		3.2 NAM	1			
STREET ADDRESS	1541 NW 118 AVE			ET ADDRESS			
	PEMBROKE PINES FL 33026			-ST-ZIP			1
CITY-ST-ZIP TITLE		DELETE	4.1 TiTLE			Change	Addition
NAME		- veric	4. 2 NAA	4			
1			1	_			ļ
STREET ADDRESS				ET ADORESS			İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition
				1		- 01mil90	
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			İ
CITY-ST-ZIP		T or err	5.4 CITY			T Chres	A statistic -
TITLE		DELETE	6.1 TITLE	1		Change	Addition
NAME			6.2 NAM	E			1
OTRETT LINDSFOR			E CACTOC	EX ADDDECC			<b>I</b>

14. I hereby certify that the information supplied with this fiting 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:

CITY-S1-ZIP

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